

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

ADDRESS (number and street)

401 N. Lindbergh Blvd

☐Check if different
than previously
reported. (ACC)

St. Louis

MO

63141

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00293910

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☒January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

07

01

2009

through

12

31

2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

James R. Bowlin

Signature of Treasurer

Electronically Filed by James R. Bowlin

Date

01

28

2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

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Write or Type Committee Name

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	7	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	Y	Y
1	2	3	1	2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2009		132015.74
(b) Cash on Hand at Beginning of Reporting Period	76675.74	
(c) Total Receipts (from Line 19)	214436.50	234096.50
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	291112.24	366112.24
7. Total Disbursements (from Line 31)	50500.00	125500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	240612.24	240612.24
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

M	M	D	D	Y	Y	W	Y
0	7	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	Y	Y
1	2	3	1	2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	195363.50	211538.50
(ii) Unitemized	19073.00	21558.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	214436.50	233096.50
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	214436.50	233096.50
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	1000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	214436.50	234096.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	214436.50	234096.50

DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	0.00	0.00	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	0.00	0.00	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	50500.00	125500.00	
24. Independent Expenditure (use Schedule E)	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	50500.00	125500.00	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	50500.00	125500.00	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	214436.50	233096.50
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	214436.50	233096.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Douglas A. Jolstad

Mailing Address 20770 Linwood Rd

City

Deephaven

State

MN

Zip Code

55331

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 1 / 2 0 0 9

Transaction ID: 5268791

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Tommy Neil Whited

Mailing Address 11281 Country Forest Cove

City

Collierville

State

TN

Zip Code

38017

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 1 / 2 0 0 9

Transaction ID: 5268792

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Lawrence A. Johnson

Mailing Address 1950 Cliffview Ct

City

Oshkosh

State

WI

Zip Code

54901

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 1 / 2 0 0 9

Transaction ID: 5268793

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 251

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. James L. Vaden

Mailing Address 353 Buck Lake Rd

City

Cookville

State

TN

Zip Code

38506

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	0	9

Transaction ID: 5268795

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Steven L. Hechler

Mailing Address 11533 Canterbury Cir

City

Leawood

State

KS

Zip Code

66211

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	0	9

Transaction ID: 5268796

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Andrew P. Trapani

Mailing Address 10N979 York Lane

City

Elgin

State

IL

Zip Code

60124

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	0	9

Transaction ID: 5268798

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Steven H. Tinsworth

Mailing Address 704 51st St NW

City

Bradenton

State

FL

Zip Code

34209-1932

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 1 / 2 0 0 9

Transaction ID: 5268799

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Lavonne K. Fore

Mailing Address 18 Bridgeview Dr SE

City

Rome

State

GA

Zip Code

30161-8471

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 1 / 2 0 0 9

Transaction ID: 5268800

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Thomas Michael Skafidas

Mailing Address 5051 Oak Tree Ln

City

Stone Mountain

State

GA

Zip Code

30087

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 1 / 2 0 0 9

Transaction ID: 5268801

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. John H. Ferguson

Mailing Address 163 P A Johns Rd NE
PO Box 850

City State Zip Code
Milledgeville GA 31061-0850

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 1 / 2 0 0 9

Transaction ID: 5268803

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Ronald G. Heiber

Mailing Address 1362 Hemlock Ct NE

City State Zip Code
Lancaster OH 43130-1177

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 1 / 2 0 0 9

Transaction ID: 5268804

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Sharon K. Hayes

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 1 / 2 0 0 9

Transaction ID: 5268805

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. John L. Hayes

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 1 / 2 0 0 9

Transaction ID: 5268806

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Amy D. Rockhill

Mailing Address 2310 Maiden Ln SW

City

State

Zip Code

Roanoke

VA

24015

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 1 / 2 0 0 9

Transaction ID: 5268807

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Dennis D. Sommers

Mailing Address 1418 Cook Dr

City

State

Zip Code

Minot

ND

58701

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 1 / 2 0 0 9

Transaction ID: 5268808

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 11 / 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. W. Jim Moore, Jr.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 1 / 2 0 0 9

Transaction ID: 5268809

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Gary Dean Mundy

Mailing Address 900 Singing Hills Dr

City

State

Zip Code

El Paso

TX

79912-3404

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 1 / 2 0 0 9

Transaction ID: 5268810

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Michael J. Wagner

Mailing Address 15019 - 166th PI NE

City

State

Zip Code

Woodinville

WA

98072

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 1 / 2 0 0 9

Transaction ID: 5269042

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. David Jay Birdwell

Mailing Address 15001 Wilson Rd

City

Edmond

State

OK

Zip Code

73013

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 1 / 2 0 0 9

Transaction ID: 5269043

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Lee W. Graber

Mailing Address 21350 W Lakeview Pkwy

City

Mundelein

State

IL

Zip Code

60060-9603

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 2 / 2 0 0 9

Transaction ID: 5271394

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Brad A. Risinger

Mailing Address 240 Spring Wood Ln

City

Kerrville

State

TX

Zip Code

78028

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 2 / 2 0 0 9

Transaction ID: 5271395

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Deborah Ferrer

Mailing Address 3910 Bayview Dr

City

Fort Lauderdale

State

FL

Zip Code

33308

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 2 / 2 0 0 9

Transaction ID: 5271396

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Lori Anderson Aiosa

Mailing Address 1894 Osprey Bluff Blvd

City

Orange Park

State

FL

Zip Code

32003

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 2 / 2 0 0 9

Transaction ID: 5271397

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. David A. Romeo

Mailing Address 6 Orchard Hill Rd

City

Norwalk

State

CT

Zip Code

06851

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 2 / 2 0 0 9

Transaction ID: 5271398

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Ilya Lipkin

Mailing Address 47 Holland Ave

City

Demarest

State

NJ

Zip Code

07627-2608

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 2 / 2 0 0 9

Transaction ID: 5271399

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. David E. Pair

Mailing Address 19630 Horace St

City

Chatsworth

State

CA

Zip Code

91311

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 2 / 2 0 0 9

Transaction ID: 5271400

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Cassy B. Wiggins

Mailing Address 17446 E Pondlilly Dr

City

Parker

State

CO

Zip Code

80134

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 2 / 2 0 0 9

Transaction ID: 5271401

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 251

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. C. William Groesch

Mailing Address 6 Island Bay

City

Springfield

State

IL

Zip Code

62707

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	2		2	0	0	9

Transaction ID: 5271403

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. William J. Kottemann

Mailing Address 835 Partenwood Rd

City

Orono

State

MN

Zip Code

55356-9730

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	2		2	0	0	9

Transaction ID: 5271404

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Thomas G. DiMassa

Mailing Address 24672 Wildwood Dr

City

Westlake

State

OH

Zip Code

44145

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	2		2	0	0	9

Transaction ID: 5271406

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Joe Michael Richards

Mailing Address 1611 Lake Wilderness Ln

City

Kingwood

State

TX

Zip Code

77345

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 2 / 2 0 0 9

Transaction ID: 5271408

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. T. Barrett Trotter

Mailing Address 13 Bristlecone Way

City

Augusta

State

GA

Zip Code

30909

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 2 / 2 0 0 9

Transaction ID: 5271410

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Robert K. Cavanaugh

Mailing Address 2308 Throughwoods Dr

City

Valparaiso

State

IN

Zip Code

46385

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 2 / 2 0 0 9

Transaction ID: 5271411

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Frank K. Yorita

Mailing Address 6662 Doral Dr

City

Huntington Beach

State

CA

Zip Code

92648

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 2 / 2 0 0 9

Transaction ID: 5271412

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Brian R. Jespersen

Mailing Address 2611 Domino Dr

City

Bismarck

State

ND

Zip Code

58501

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 2 / 2 0 0 9

Transaction ID: 5271413

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Hilton Goldreich

Mailing Address 2204 Bradbury Ct

City

Plano

State

TX

Zip Code

75093

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 2 / 2 0 0 9

Transaction ID: 5271414

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Randy Wright

Mailing Address 1460 Keim Cir

City

Geneva

State

IL

Zip Code

60134

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 2 / 2 0 0 9

Transaction ID: 5271416

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Joseph T. Mellon

Mailing Address 2820 Round Hill Dr

City

Akron

State

OH

Zip Code

44333

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 2 / 2 0 0 9

Transaction ID: 5271417

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Harold J. Koppel

Mailing Address 110 Jeff Dr

City

Hot Springs

State

AR

Zip Code

71901-7253

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 2 / 2 0 0 9

Transaction ID: 5271420

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Wayne Wyatt

Mailing Address 24115 S Meadowview Ct

City

Claremore

State

OK

Zip Code

74019

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 2 / 2 0 0 9

Transaction ID: 5271421

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Kimberly Lutz Gragg

Mailing Address 301 Riverside Dr

City

Morganton

State

NC

Zip Code

28655

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 2 / 2 0 0 9

Transaction ID: 5271422

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. David R. Hunter

Mailing Address 19801 N 69th Ave

City

Glendale

State

AZ

Zip Code

85308

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 2 / 2 0 0 9

Transaction ID: 5271424

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Valmy Pangrazio- Kulbersh

Mailing Address 1417 Cedar Bend Dr

City

Bloomfield Hills

State

MI

Zip Code

48302

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 2 / 2 0 0 9

Transaction ID: 5271425

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Austin W. Feeney

Mailing Address 87 Perkins Rd

City

Greenwich

State

CT

Zip Code

06830

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 2 / 2 0 0 9

Transaction ID: 5271428

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. H. Eldon Attaway

Mailing Address 2909 Pacific Ct

City

Irving

State

TX

Zip Code

75062-4690

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 2 / 2 0 0 9

Transaction ID: 5271429

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Stacy Ste Marie

Mailing Address 30 Oakthorn Ct

City

Youngsville

State

LA

Zip Code

70592

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 2 / 2 0 0 9

Transaction ID: 5271431

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Richard Furman Hewitt

Mailing Address 515 Huntington Rd

City

Greenville

State

SC

Zip Code

29615

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 2 / 2 0 0 9

Transaction ID: 5271433

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Karl F. Muster

Mailing Address 809 Ayrshire Dr

City

Champaign

State

IL

Zip Code

61820

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 2 / 2 0 0 9

Transaction ID: 5271435

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Michael L. Conlon

Mailing Address 29920 Tanya Trail

City

Libertyville

State

IL

Zip Code

60048

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 2 / 2 0 0 9

Transaction ID: 5271436

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Michael J. Rovner

Mailing Address 812 38th Street

City

West Des Moines

State

IA

Zip Code

50265

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 2 / 2 0 0 9

Transaction ID: 5271437

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Larson R. Keso

Mailing Address 3001 Ridgewood Dr

City

Edmond

State

OK

Zip Code

73013

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 2 / 2 0 0 9

Transaction ID: 5271438

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. R. Steven Powell

Mailing Address 5466 Kiokee Springs Dr

City

Evans

State

GA

Zip Code

30809

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 2 / 2 0 0 9

Transaction ID: 5271439

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Warren T. Johnson, Jr.

Mailing Address 2211 Shannon Dr

City

Murfreesboro

State

TN

Zip Code

37129

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 2 / 2 0 0 9

Transaction ID: 5271441

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Gregory S. Garn

Mailing Address 2511 E Desert Ln

City

Gilbert

State

AZ

Zip Code

85234

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 2 / 2 0 0 9

Transaction ID: 5271442

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Brian Ward

Mailing Address 2534 Joshua Way

City

Twin Falls

State

ID

Zip Code

83301

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 2 / 2 0 0 9

Transaction ID: 5271443

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. D. Steve Norris

Mailing Address 3010 River Oaks Dr

City

Monroe

State

LA

Zip Code

71201

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 2 / 2 0 0 9

Transaction ID: 5271444

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Mark P. Hablinski

Mailing Address 2918 Pittsburg

City

Houston

State

TX

Zip Code

77005-1339

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 2 / 2 0 0 9

Transaction ID: 5271446

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 251

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Dennis Joseph Flanagan

Mailing Address 2376 Malmaison Rd

City

Belvidere

State

IL

Zip Code

61008

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	2		2	0	0	9

Transaction ID: 5271448

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Steven Jay Bowman

Mailing Address 9696 W KL Ave

City

Kalamazoo

State

MI

Zip Code

49009

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	2		2	0	0	9

Transaction ID: 5271449

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. James Richard Karpac

Mailing Address 5816 Leven Links

City

Dublin

State

OH

Zip Code

43017

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	2		2	0	0	9

Transaction ID: 5271451

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. S. Grayson Eddy, Jr.

Mailing Address 5148 Buckhead Trail

City

Knoxville

State

TN

Zip Code

37919

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 2 / 2 0 0 9

Transaction ID: 5271452

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Jason Warren Pair

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 2 / 2 0 0 9

Transaction ID: 5271454

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Michiel J. Nuveen

Mailing Address 5691 Adams Dr

City

Grand Forks

State

ND

Zip Code

58201

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 2 / 2 0 0 9

Transaction ID: 5271455

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 251

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

D. Spencer Pope

Mailing Address 1115 Green Glen Ct.

City

New Lenox

State

IL

Zip Code

60451

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	2		2	0	0	9

Transaction ID: 5271456

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Paula L. Harre

Mailing Address 9220 Thornwood Dr

City

Lincoln

State

NE

Zip Code

68512

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	2		2	0	0	9

Transaction ID: 5271457

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. Perry M. Opin

Mailing Address 520 Sportsmans Rd

City

Orange

State

CT

Zip Code

06477-2329

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	2		2	0	0	9

Transaction ID: 5271458

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. James M. Crouse

Mailing Address 22786 Nanticoke Rd

City

Quantico

State

MD

Zip Code

21856

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 2 / 2 0 0 9

Transaction ID: 5271459

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Eric R. Overby

Mailing Address 1000 8th Ave NW

City

Austin

State

MN

Zip Code

55912

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 2 / 2 0 0 9

Transaction ID: 5271460

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Mark E. Hixson

Mailing Address 3501 Catalano Dr

City

Raleigh

State

NC

Zip Code

27612

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 2 / 2 0 0 9

Transaction ID: 5271462

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 251

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Bonnie Daniels Wheatley

Mailing Address 608 Gilbert Ct

City

Winchester

State

KY

Zip Code

40391

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	0	2	/	2	0	0	9

Transaction ID: 5271463

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Paul W. Reed

Mailing Address 929 Michigan St

City

Petoskey

State

MI

Zip Code

49770

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	0	2	/	2	0	0	9

Transaction ID: 5271464

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. David Wayne Engen

Mailing Address 18020 N Addison Ct

City

Colbert

State

WA

Zip Code

99005

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	0	2	/	2	0	0	9

Transaction ID: 5271466

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Dorothy E. Whalen

Mailing Address 777 Remsen's Ln

City

Oyster Bay

State

NY

Zip Code

11771

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 2 / 2 0 0 9

Transaction ID: 5271468

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Albert Phillip Cavallari

Mailing Address 387 High St

City

Lockport

State

NY

Zip Code

14094

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 2 / 2 0 0 9

Transaction ID: 5271470

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. John Charles Pritchett

Mailing Address 11980 Bluestone Dr

City

Indianapolis

State

IN

Zip Code

46236

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 2 / 2 0 0 9

Transaction ID: 5271474

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. William A. Mehan

Mailing Address 344 Webster St

City

Manchester

State

NH

Zip Code

03104

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 2 / 2 0 0 9

Transaction ID: 5271477

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Gregory J. Jorgensen

Mailing Address 6420 Pojoaque NW

City

Albuquerque

State

NM

Zip Code

87120

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 2 / 2 0 0 9

Transaction ID: 5271478

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Edward F. Ross, Jr.

Mailing Address 16 Hampton Hills Ln

City

Richmond

State

VA

Zip Code

23226

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 2 / 2 0 0 9

Transaction ID: 5271479

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Thomas G. Leonard

Mailing Address 20 Algonquin Ave

City

Andover

State

MA

Zip Code

01810-5502

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 2 / 2 0 0 9

Transaction ID: 5271480

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. John M. Pobanz

Mailing Address 5619 Silver Leaf Circle

City

Mountain Green

State

UT

Zip Code

84405

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 2 / 2 0 0 9

Transaction ID: 5271482

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Norman J. Pokley

Mailing Address 57380 Mt Vernon

City

Washington

State

MI

Zip Code

48094

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 2 / 2 0 0 9

Transaction ID: 5271484

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Robert W. Fry

Mailing Address 12340 Pflumm Rd

City

Olathe

State

KS

Zip Code

66062

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 2 / 2 0 0 9

Transaction ID: 5271487

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. John E. Murphy

Mailing Address 870 Colcord Place

City

Glen Ellyn

State

IL

Zip Code

60137-4622

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 2 / 2 0 0 9

Transaction ID: 5271488

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Kathryn Lynn Bielik

Mailing Address 1614 N Leavitt St

City

Chicago

State

IL

Zip Code

60647

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 2 / 2 0 0 9

Transaction ID: 5271489

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Corey J. Teguis

Mailing Address 3 Orchard Ln

City

Kennebunk

State

ME

Zip Code

04043

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 2 / 2 0 0 9

Transaction ID: 5271490

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Richard U. Mattson

Mailing Address 3001 Castle Garden Way

City

Olney

State

MD

Zip Code

20832

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 2 / 2 0 0 9

Transaction ID: 5271491

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Lili K. Horton

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 6 / 2 0 0 9

Transaction ID: 5271498

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Stephanie Smith Crise

Mailing Address 601 Broad Leaf Ln

City

McKinney

State

TX

Zip Code

75070

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 6 / 2 0 0 9

Transaction ID: 5271501

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Michael G. Durbin

Mailing Address 408 Cherry Creek Ln

City

Prospect Heights

State

IL

Zip Code

60070

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 6 / 2 0 0 9

Transaction ID: 5271502

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Nadine J. Egger

Mailing Address 4326 193rd Ave SE

City

Issaquah

State

WA

Zip Code

98027

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 6 / 2 0 0 9

Transaction ID: 5271503

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. William Francis Hodges, Jr.

Mailing Address 141 A South Commerce St

City

Tupelo

State

MS

Zip Code

38804

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 6 / 2 0 0 9

Transaction ID: 5271504

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. John M. Kelley, Jr.

Mailing Address 2321 Winton Terrace West

City

Fort Worth

State

TX

Zip Code

76109

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 6 / 2 0 0 9

Transaction ID: 5271505

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Darren B. Ravassipour

Mailing Address 149 Littrell Dr

City

Medford

State

OR

Zip Code

97504

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 6 / 2 0 0 9

Transaction ID: 5271506

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Valmy Pangrazio- Kulbersh

Mailing Address 1417 Cedar Bend Dr

City

Bloomfield Hills

State

MI

Zip Code

48302

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 6 / 2 0 0 9

Transaction ID: 5271508

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)

Dr. Morris N. Poole

Mailing Address 55 Bristol Rd

City

Logan

State

UT

Zip Code

84321

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 6 / 2 0 0 9

Transaction ID: 5271512

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Jeffrey Thomas Cavanaugh

Mailing Address 1848 Ashton Way

City

Chesterfield

State

MO

Zip Code

63005

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 9 / 2 0 0 9

Transaction ID: 5289915

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

525.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 251

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Bruce J. Jiorle

Mailing Address 59 Country Acres Dr

City

Hampton

State

NJ

Zip Code

08827

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 9 / 2 0 0 9

Transaction ID: 5289916

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. Patricia L. Halloran

Mailing Address 53 Park Ave

City

Bronxville

State

NY

Zip Code

10708

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 9 / 2 0 0 9

Transaction ID: 5289918

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Jeffrey W. Vecere

Mailing Address 12 Romney Pl E

City

Cape May Court Hou

State

NJ

Zip Code

08210-2143

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 9 / 2 0 0 9

Transaction ID: 5289920

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 251

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Russell P. Greer

Mailing Address 205 E Ridge Dr

City

Nicholasville

State

KY

Zip Code

40356

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 9 / 2 0 0 9

Transaction ID: 5289922

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Mark S. Geller

Mailing Address #4 Manzano Cir

City

Dallas

State

TX

Zip Code

75230

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 9 / 2 0 0 9

Transaction ID: 5289923

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. Robert G. Wertz

Mailing Address 136 Schaeffer Rd

City

Newmanstown

State

PA

Zip Code

17073

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 9 / 2 0 0 9

Transaction ID: 5289924

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Robert M. Cuenin

Mailing Address 18 Gary Way

City

Alamo

State

CA

Zip Code

94507

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 9 / 2 0 0 9

Transaction ID: 5289928

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Todd A. Curtis

Mailing Address 7717 Crystal Springs Rd
PO Box 634

City

Woodstock

State

IL

Zip Code

60098

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 9 / 2 0 0 9

Transaction ID: 5289929

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Michelle Bridget Brown

Mailing Address 6 Gerry Drive

City

Seekonk

State

MA

Zip Code

02771

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 9 / 2 0 0 9

Transaction ID: 5289931

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. James Kevin Grabouski

Mailing Address 4838 Bradford Ln

City

Sioux City

State

IA

Zip Code

51106

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 9 / 2 0 0 9

Transaction ID: 5289934

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Joseph R. Pfeffer, Jr.

Mailing Address 160 Stonehedge Rd

City

Hollidaysburg

State

PA

Zip Code

16648

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 9 / 2 0 0 9

Transaction ID: 5289935

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Robert A. Krueger

Mailing Address 7 Queens Ln

City

Jacksonville

State

IL

Zip Code

62650-2604

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 9 / 2 0 0 9

Transaction ID: 5289936

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 251

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. G. Michael Kabot

Mailing Address 2626 W Long Lake Rd

City

West Bloomfield

State

MI

Zip Code

48323

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 9 / 2 0 0 9

Transaction ID: 5289937

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Gerald W. Springstead

Mailing Address 11110 Ponce De Leon

City

Brooksville

State

FL

Zip Code

34601

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 9 / 2 0 0 9

Transaction ID: 5289938

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. James D. Campbell

Mailing Address 3107 W 30th Ct

City

Panama City

State

FL

Zip Code

32405

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 9 / 2 0 0 9

Transaction ID: 5289941

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. W. Michael Thomas

Mailing Address 43 Moharimet Dr

City

Madbury

State

NH

Zip Code

03820-9578

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 9 / 2 0 0 9

Transaction ID: 5289943

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Michael D. Plunk

Mailing Address 8827 Kenton Dr

City

Dallas

State

TX

Zip Code

75231-4817

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 9 / 2 0 0 9

Transaction ID: 5289945

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Robert E. Varner

Mailing Address 161 Birdie Lane

City

Roseburg

State

OR

Zip Code

97470

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 9 / 2 0 0 9

Transaction ID: 5289946

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 251

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Michael J. Bernard

Mailing Address 1670 Ashford Cir NE

City

North Canton

State

OH

Zip Code

44720

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	9		2	0	0	9

Transaction ID: 5289947

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Bruce Kelly Reeder

Mailing Address 12300 NW Pecan Creek Dr

City

Lawton

State

OK

Zip Code

73505

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	9		2	0	0	9

Transaction ID: 5289948

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Richard M. Garlitz

Mailing Address 3145 Laurel Ridge Rd NW

City

Hickory

State

NC

Zip Code

28601

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	9		2	0	0	9

Transaction ID: 5289949

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Theodore W. Struhs

Mailing Address 10355 Saranac Way

City

Parker

State

CO

Zip Code

80134

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 9 / 2 0 0 9

Transaction ID: 5290292

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Felix Ferre

Mailing Address Reina Carlota 182
La Villa De Torrimar

City

Guaynabo

State

PR

Zip Code

00969

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 9 / 2 0 0 9

Transaction ID: 5290293

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. J. Dean Jensen

Mailing Address 5881 Versailles Ave

City

Frisco

State

TX

Zip Code

75034

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 9 / 2 0 0 9

Transaction ID: 5290294

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Robert E. Eng

Mailing Address 7 High Rd

City

Inver Grove Height

State

MN

Zip Code

55076

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 9 / 2 0 0 9

Transaction ID: 5290295

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Eloisa S. Garcia

Mailing Address 214 Keystone

City

River Forest

State

IL

Zip Code

60305

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 9 / 2 0 0 9

Transaction ID: 5290297

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Kenneth Cooperman

Mailing Address 18 E 81st St Apt #4-B

City

New York

State

NY

Zip Code

10028

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 9 / 2 0 0 9

Transaction ID: 5290298

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Michael W. Burke

Mailing Address 36026 Ravello Ct

City

Murrieta

State

CA

Zip Code

92562

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 9 / 2 0 0 9

Transaction ID: 5290299

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Lawrence S. Harte

Mailing Address 100 W Mount Pleasant Ave

City

Livingston

State

NJ

Zip Code

07039

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 9 / 2 0 0 9

Transaction ID: 5290300

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Gary J. Romeo

Mailing Address 420 Birch Rd

City

Fairfield

State

CT

Zip Code

06824

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 9 / 2 0 0 9

Transaction ID: 5290301

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Lisa K. Wendling

Mailing Address 7333 Old Timber Trl
PO Box 278

City State Zip Code
New Lothrop MI 48460

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 9 / 2 0 0 9

Transaction ID: 5290302

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Robert L. Loeb

Mailing Address 716 Natures Way

City State Zip Code
Franklin Lakes NJ 07417

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 9 / 2 0 0 9

Transaction ID: 5290304

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Joseph F. Coniglio

Mailing Address 5414 Ocean Dr

City State Zip Code
Corpus Christi TX 78412

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 9 / 2 0 0 9

Transaction ID: 5290305

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 251

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Robert B. Hoffman

Mailing Address 1513 Lake Shore Dr S

City

Barrington

State

IL

Zip Code

60010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	9		2	0	0	9

Transaction ID: 5290306

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Robert S. Martin

Mailing Address 11705 Woodland Drive

City

Lutherville

State

MD

Zip Code

21093

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	9		2	0	0	9

Transaction ID: 5290307

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Bruce R. Molen

Mailing Address 714 W Hi Crest Dr

City

Auburn

State

WA

Zip Code

98001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	9		2	0	0	9

Transaction ID: 5290308

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 / 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. John Leo Mergen

Mailing Address 840 Mesquite Dr

City

Coralville

State

IA

Zip Code

52241

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 9 / 2 0 0 9

Transaction ID: 5290309

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Geri R. Kohn-Hunter

Mailing Address 30 Morgan Ct

City

Rye

State

NH

Zip Code

03870

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 9 / 2 0 0 9

Transaction ID: 5290310

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Leon E. Souweine

Mailing Address 72 Broadway

City

Bangor

State

ME

Zip Code

04401

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 9 / 2 0 0 9

Transaction ID: 5290311

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 / 251

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Charles E. Pritchett

Mailing Address 13438 Pilot Ln

City

McCordsville

State

IN

Zip Code

46055

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	9		2	0	0	9

Transaction ID: 5290312

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Timothy J. Alford

Mailing Address 1861 N Log Cabin Dr

City

Anderson

State

IN

Zip Code

46011

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	9		2	0	0	9

Transaction ID: 5290313

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Daniel B. Snead

Mailing Address 5043 Brill Pt

City

Tallahassee

State

FL

Zip Code

32312-5600

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	9		2	0	0	9

Transaction ID: 5290314

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 / 251

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Anthony Rinaldi

Mailing Address 5755 Richmond Park Dr

City

Mason

State

OH

Zip Code

45040

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	9		2	0	0	9

Transaction ID: 5290315

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. John C. White

Mailing Address 3534 St Andrews Lane

City

Richfield

State

OH

Zip Code

44286

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	9		2	0	0	9

Transaction ID: 5290316

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Thomas J. McGowan

Mailing Address 5376 W Lake Dr

City

West Bend

State

WI

Zip Code

53095

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	9		2	0	0	9

Transaction ID: 5290318

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 / 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Alan C. Perry

Mailing Address 3104 Green Leaf Ln

City

Lake Charles

State

LA

Zip Code

70605

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 9 / 2 0 0 9

Transaction ID: 5290319

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Kamp Richard Meyer

Mailing Address 4160 Penrose Place

City

Rapid City

State

SD

Zip Code

57702

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 9 / 2 0 0 9

Transaction ID: 5290320

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Paul Nelson

Mailing Address 16508 9th PI NW

City

Seattle

State

WA

Zip Code

98177

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 9 / 2 0 0 9

Transaction ID: 5290321

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 / 251

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Carney D. Loucks

Mailing Address 900 W 18th St S

City

Newton

State

IA

Zip Code

50208-3500

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	9		2	0	0	9

Transaction ID: 5290530

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Jonathan Shanker

Mailing Address 9 High Acres Dr

City

Saint Louis

State

MO

Zip Code

63132

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	9		2	0	0	9

Transaction ID: 5290531

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Virginia A. Mennemeyer

Mailing Address 145 Fairway Ln

City

Troy

State

MO

Zip Code

63379

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	9		2	0	0	9

Transaction ID: 5290532

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 55 / 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Jeremy R. Lustig

Mailing Address 11700 Babbling Brook

City State Zip Code
Keller TX 76248

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 9 / 2 0 0 9

Transaction ID: 5290533

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Gregory F. Kubik

Mailing Address 6808 Oakwood Manor Dr

City State Zip Code
Crystal Lake IL 60012

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 9 / 2 0 0 9

Transaction ID: 5290534

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. George W. Scott

Mailing Address 127 Red Hill Road

City State Zip Code
Holmdel NJ 07733

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 9 / 2 0 0 9

Transaction ID: 5290535

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 / 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Barry E. Booth

Mailing Address 439 Sunset Ave

City

La Grange

State

IL

Zip Code

60525

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 9 / 2 0 0 9

Transaction ID: 5290536

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Thais Carvalho Booms

Mailing Address 2705 17th St

City

Sacramento

State

CA

Zip Code

95818-3029

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 9 / 2 0 0 9

Transaction ID: 5290537

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Zachary J. Mellion

Mailing Address 3623 Sanctuary Dr

City

Akron

State

OH

Zip Code

44333

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 9 / 2 0 0 9

Transaction ID: 5290538

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 57 / 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Steven S. Banks

Mailing Address 6050 N Avondale

City

Chicago

State

IL

Zip Code

60631

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 9 / 2 0 0 9

Transaction ID: 5290539

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Diana T. Malone

Mailing Address 26 Eton Green Cir

City

San Antonio

State

TX

Zip Code

78257

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 9 / 2 0 0 9

Transaction ID: 5290541

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Michael L. Gold

Mailing Address 1743 E Handel St

City

Meridian

State

ID

Zip Code

83646

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 9 / 2 0 0 9

Transaction ID: 5290542

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 58 / 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Timothy Robert Kuntz

Mailing Address 2423 Mohawk Dr

City

Sioux City

State

IA

Zip Code

51104

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 9 / 2 0 0 9

Transaction ID: 5290543

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Curtis N. Kamisugi

Mailing Address 2310 Ferdinand Ave

City

Honolulu

State

HI

Zip Code

96822

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 9 / 2 0 0 9

Transaction ID: 5290544

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Richard J. Hoskinson

Mailing Address 26 Via Maria Dr

City

Scotia

State

NY

Zip Code

12302

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 9 / 2 0 0 9

Transaction ID: 5290545

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 / 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Dale Anne Featheringham

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 9 / 2 0 0 9

Transaction ID: 5290547

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Patrick A. Niland

Mailing Address 264 E Mikyl Ridge Loop

City

State

Zip Code

Nampa

ID

83686

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 9 / 2 0 0 9

Transaction ID: 5290548

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Jerome A. Jarosz

Mailing Address 208 W Plum Grove Cir

City

State

Zip Code

Arlington Heights

IL

60004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 9 / 2 0 0 9

Transaction ID: 5290549

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 60 / 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Sheila Birth

Mailing Address 2802 Summertree Ln

City

Colleyville

State

TX

Zip Code

76034-5136

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 9 / 2 0 0 9

Transaction ID: 5290550

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Christopher J. Getchell

Mailing Address 470 Thornwyck Trail

City

Roswell

State

GA

Zip Code

30076

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 9 / 2 0 0 9

Transaction ID: 5290551

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Edward Stan Key

Mailing Address 1706 Cheyenne Tr

City

Graham

State

TX

Zip Code

76450

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 9 / 2 0 0 9

Transaction ID: 5290552

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 61 / 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Charles M. Krowicki

Mailing Address 456 Mine Rd

City

Asbury

State

NJ

Zip Code

08802-1105

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 9 / 2 0 0 9

Transaction ID: 5290553

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Jason Schmit

Mailing Address 3100 Pinney Woods Ct SE

City

Cedar Rapids

State

IA

Zip Code

52403

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 9 / 2 0 0 9

Transaction ID: 5290554

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Burton Louis Hagler

Mailing Address 1777 Cedar Ridge Dr

City

Spring Valley

State

OH

Zip Code

45370

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 9 / 2 0 0 9

Transaction ID: 5290555

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 62 / 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Maurice J. Belden

Mailing Address 176 Academy St

City

Presque Isle

State

ME

Zip Code

04769-3185

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 9 / 2 0 0 9

Transaction ID: 5290557

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Michelle L. Bergsrud

Mailing Address 5008 Woodhurst Ln

City

Minnetonka

State

MN

Zip Code

55345

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 9 / 2 0 0 9

Transaction ID: 5290558

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Stephen Robert Nelson

Mailing Address 4405 Highland Rd

City

Minnetonka

State

MN

Zip Code

55345

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 9 / 2 0 0 9

Transaction ID: 5290559

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 63 / 251

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Charles K. Wear

Mailing Address 5350 Idlewood Rd

City

Santa Rosa

State

CA

Zip Code

95404

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	9		2	0	0	9

Transaction ID: 5290629

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Jeffery Craig Summers

Mailing Address 138 Fox Trace

City

Simpsonville

State

SC

Zip Code

29680

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	9		2	0	0	9

Transaction ID: 5290630

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Karl William Weiss

Mailing Address 205 William Dr

City

Canonsburg

State

PA

Zip Code

15317

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	9		2	0	0	9

Transaction ID: 5290631

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 64 / 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Paul W. Sproul

Mailing Address 106 Indian Crest Dr

City

Madison

State

AL

Zip Code

35758

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 9 / 2 0 0 9

Transaction ID: 5290632

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Michael B. Rogers

Mailing Address 3214 Candace Dr

City

Augusta

State

GA

Zip Code

30909

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 9 / 2 0 0 9

Transaction ID: 5290633

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. Michael Weinberg

Mailing Address 1486 Sunnyside Ave

City

Highland Park

State

IL

Zip Code

60035

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 9 / 2 0 0 9

Transaction ID: 5290635

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 65 / 251

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Michael W. Naborowski

Mailing Address 34 Mockingbird Ln

City

Oak Brook

State

IL

Zip Code

60523

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	9		2	0	0	9

Transaction ID: 5290636

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Donald C. Wilson

Mailing Address 3132 SW Westover Rd

City

Topeka

State

KS

Zip Code

66604

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	9		2	0	0	9

Transaction ID: 5290637

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Peter H. Cain

Mailing Address 50 Walden Hill

City

Guilford

State

CT

Zip Code

06437-3103

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	9		2	0	0	9

Transaction ID: 5290638

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 66 / 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. David C. Spokane

Mailing Address 108 Brian Dr

City

Beaver

State

PA

Zip Code

15009-9794

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 9 / 2 0 0 9

Transaction ID: 5290639

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Jennifer Edwards Butler

Mailing Address 1138 Carleita Cir

City

Conway

State

SC

Zip Code

29527

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 9 / 2 0 0 9

Transaction ID: 5290640

Amount of Each Receipt this Period

125.00

C.

Full Name (Last, First, Middle Initial)

Dr. Joseph Brandon Chadwell

Mailing Address 240 Augustine Dr

City

Spartanburg

State

SC

Zip Code

29306-6927

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 9 / 2 0 0 9

Transaction ID: 5290641

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 67 / 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. W. Keith Harvey

Mailing Address 4201 Wilkinson Way

City

State

Zip Code

Mobile

AL

36608

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 9 / 2 0 0 9

Transaction ID: 5290644

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. David S. Williams

Mailing Address 2203 Golf Club Ln

City

State

Zip Code

Columbia

TN

38401

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 9 / 2 0 0 9

Transaction ID: 5290645

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Paul Doi

Mailing Address 18927 E Canary Way

City

State

Zip Code

Queen Creek

AZ

85242

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 0 / 2 0 0 9

Transaction ID: 5290674

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 68 / 251

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Steven Jay Smiley

Mailing Address 1035 Willis Rd

City

Spartanburg

State

SC

Zip Code

29301

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	0	/	2	0	0	9

Transaction ID: 5290675

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Maria C. Castano-Rendon

Mailing Address 344 Park Valley Dr

City

Coppell

State

TX

Zip Code

75019-5374

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	0	/	2	0	0	9

Transaction ID: 5290676

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Robert M. Merrill

Mailing Address 1026 N Fairview Pl

City

East Wenatchee

State

WA

Zip Code

98802

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	0	/	2	0	0	9

Transaction ID: 5290677

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 69 / 251

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Steven C. Ricci

Mailing Address 1520 Mountclaure Dr

City

Cumming

State

GA

Zip Code

30041

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	0		2	0	0	9

Transaction ID: 5290678

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Andrew J. Tringas

Mailing Address 3828 Lower Park Rd

City

Orlando

State

FL

Zip Code

32814

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	0		2	0	0	9

Transaction ID: 5290682

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Richard D. Christensen

Mailing Address 7025 Scenic Dr

City

Yakima

State

WA

Zip Code

98908

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	0		2	0	0	9

Transaction ID: 5290683

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 70 / 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Gary R. Baughman

Mailing Address 4011 Fort Donelson Dr

City

Stockton

State

CA

Zip Code

95219-3216

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 0 / 2 0 0 9

Transaction ID: 5290685

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Gregory Thomas Cohlma

Mailing Address 14805 Le Grande

City

Addison

State

TX

Zip Code

75001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 0 / 2 0 0 9

Transaction ID: 5290686

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Whybra J. Duay, Jr.

Mailing Address 1209 S Prescott Dr

City

Morgan City

State

LA

Zip Code

70380-1209

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 0 / 2 0 0 9

Transaction ID: 5290687

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 71 / 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Christopher W. Peluso

Mailing Address 903 Providence Pl

City

Providence

State

RI

Zip Code

02903-1705

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 10 / 2009

Transaction ID: 5290688

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. David A. Zysik

Mailing Address 13964 State Hwy 37

City

Massena

State

NY

Zip Code

13662-1704

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 10 / 2009

Transaction ID: 5290689

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Martin H. Baker, Jr.

Mailing Address 379 Cole Rd

City

Hattiesburg

State

MS

Zip Code

39402

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 10 / 2009

Transaction ID: 5290690

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 72 / 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Mark O. Shoger

Mailing Address 10525 SW 161st Ct

City

Beaverton

State

OR

Zip Code

97007

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 0 / 2 0 0 9

Transaction ID: 5290691

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Mark A. Sundberg

Mailing Address 8620 Bedington Dr SE

City

Lacey

State

WA

Zip Code

98513

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 0 / 2 0 0 9

Transaction ID: 5290692

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Patricia B. Timmeny

Mailing Address 3 Premier Dr

City

Londonderry

State

NH

Zip Code

03053

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 5335498

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 73 / 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Angela R. Becker

Mailing Address 3619 N County Line Rd W

City

Huntertown

State

IN

Zip Code

46748-9788

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 5335499

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Corey Christopher Conrad

Mailing Address 4640 Park

City

West Des Moines

State

IA

Zip Code

50265

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 5335500

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Dennis L. Granberry

Mailing Address 105 Darby Rd

City

Hattiesburg

State

MS

Zip Code

39402

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 5335501

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 74 / 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Devek Kent Frech

Mailing Address 2700 Cooke Ave

City

Wichita Falls

State

TX

Zip Code

76308

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 5335502

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Daniel R. Fiehrer

Mailing Address Box 811

City

Helena

State

MT

Zip Code

59624

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 5335503

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Thomas Joseph Borgula

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 5335504

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 75 / 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. B. Keith Black

Mailing Address 21 Greenwood Rd

City

Asheville

State

NC

Zip Code

28803

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 5335506

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Robin A. Weeks

Mailing Address 120 N Windham Rd

City

Windham

State

CT

Zip Code

06280-1127

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 5335508

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Joseph K. Buchanan

Mailing Address 25 Kemp Ct

City

Alamo

State

CA

Zip Code

94507

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 5335509

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 76 / 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Preston D. Miller, III

Mailing Address 19 Northwood Ave

City

Jackson

State

TN

Zip Code

38301-4450

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 5335510

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Ralph D. Jackson, III

Mailing Address 6201 Bradford Dr

City

Alexandria

State

LA

Zip Code

71303

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 5335512

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Kenneth F. Freer

Mailing Address 4500 Green Valley Rd

City

Fairfield

State

CA

Zip Code

94534

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 5335513

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 77 / 251

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. John S. Kanyusik

Mailing Address 201 Indian Hill Rd

City

Mankato

State

MN

Zip Code

56001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 5335514

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Carlin L. Wiemers

Mailing Address 120 Mayan Way

City

Mankato

State

MN

Zip Code

56001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 5335515

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Jason Roger Izzi

Mailing Address 46 Conifer Dr

City

North Providence

State

RI

Zip Code

02904

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 5335516

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 78 / 251

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Michael B. Pickard

Mailing Address 2809 Itani Dr

City

Moscow

State

ID

Zip Code

83843

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 5335517

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Jimmy C. Boley

Mailing Address 1106 High Vista Ln

City

Richardson

State

TX

Zip Code

75080-5708

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 5335519

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Ralph C. Del Priore

Mailing Address Mariane Ct

City

Alpine

State

NJ

Zip Code

07620

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 5335520

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 79 / 251

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. John J. Sahlaney

Mailing Address 425 Pine Valley Dr

City

Bridgeville

State

PA

Zip Code

15017

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 5335521

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Thomas H. Williams

Mailing Address PO Box 1241

City

Wewoka

State

OK

Zip Code

74884-1241

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 5335522

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Lindsay Durham Limbaugh

Mailing Address 3009 Cobble Farms Dr SE

City

Hampton Cove

State

AL

Zip Code

35763

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 5335523

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 80 / 251

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Vance J. Dykhouse

Mailing Address 5485 NE Northgate Crossing

City State Zip Code
 Lees Summit MO 64064

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 5 / 2 0 0 9

Transaction ID: 5335524

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Mitchell W. Pelsue

Mailing Address 3922 Southwyck Ct

City State Zip Code
 Janesville WI 53546

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 5 / 2 0 0 9

Transaction ID: 5335525

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Tina S. Chung

Mailing Address 28 Hill Rd

City State Zip Code
 Emerson NJ 07630

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 5 / 2 0 0 9

Transaction ID: 5335526

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 81 / 251

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Gayle Glenn

Mailing Address 3922 Travis St #12

City

Dallas

State

TX

Zip Code

75204

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 5335527

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. Loring L. Ross

Mailing Address 212 81st Ave N

City

Myrtle Beach

State

SC

Zip Code

29572

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 5335528

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Scott Patrick Werner

Mailing Address 5335 Normandy Rd

City

Memphis

State

TN

Zip Code

38120

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 5335529

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 82 / 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Mark M. Dale

Mailing Address 3368 Colbert Ave NW

City

Buffalo

State

MN

Zip Code

55313

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 5335530

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Shawn Lehman-Grimes

Mailing Address 304 N Oak St

City

Springfield

State

TN

Zip Code

37172

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 5335721

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Jay Lawless

Mailing Address 912 Fairway St

City

Bowling Green

State

KY

Zip Code

42103

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 5335722

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 83 / 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Kevin T. Race

Mailing Address N53 W34456 Rd Q

City

Okauchee

State

WI

Zip Code

53069

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 5335723

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Donna J. Stenberg

Mailing Address 14575 N 119th St

City

Stillwater

State

MN

Zip Code

55082

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 5335724

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Jorge C. Coro

Mailing Address 5655 Granada Blvd

City

Coral Gables

State

FL

Zip Code

33146-2603

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 5335725

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 84 / 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Robert B. Moss, Jr.

Mailing Address 349 Hickory Grove Rd

City

Leesburg

State

GA

Zip Code

31763

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 5335727

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Stephen G. Alvis

Mailing Address 132 Diamond Ct

City

Harrisonburg

State

VA

Zip Code

22801

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 5335729

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Michael A. Rogers

Mailing Address 11246 Montaubon Way

City

San Diego

State

CA

Zip Code

92131

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 5335730

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 85 / 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Thomas P. Rose

Mailing Address 9642 Featherhill Dr

City

Villa Park

State

CA

Zip Code

92867

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 5335731

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Michael D. Lashgari

Mailing Address 8 Crown Pt

City

Canton

State

CT

Zip Code

06019-2644

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 5335733

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Jennifer L. Martin

Mailing Address 42 Gentle Creek Pl

City

Danville

State

CA

Zip Code

94526

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 5335735

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 86 / 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Kenneth Y. Kai

Mailing Address PO Box 3136

City

San Jose

State

CA

Zip Code

95156

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 5335736

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Alan W. Irvin

Mailing Address 106 Elmwood Dr

City

Greensboro

State

NC

Zip Code

27408

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 5335737

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Mark P. Hatala

Mailing Address 31 Virginia Ave

City

Binghamton

State

NY

Zip Code

13905

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 5335738

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 87 / 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. R. William Barnard

Mailing Address 13670 Hamilton St

City

Omaha

State

NE

Zip Code

68154

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 5335739

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Theresa Lenise Clifton

Mailing Address 832 Kenmore Road

City

Chapel Hill

State

NC

Zip Code

27514

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 5335740

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Clayton L. Owen

Mailing Address 21 Willow Dr

City

Cabot

State

AR

Zip Code

72023

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 5335741

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 88 / 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. David L. Schmidt

Mailing Address 330 Bluffcrest

City

San Antonio

State

TX

Zip Code

78216

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 5335744

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. George R. Babyak

Mailing Address 17710 SW 63rd Mn

City

Fort Lauderdale

State

FL

Zip Code

33331

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 5335745

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Arthur Kaplan

Mailing Address 6 Kempster Rd

City

Scarsdale

State

NY

Zip Code

10583

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 5335746

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 89 / 251

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Steven D. Peterson

Mailing Address 5536 Lake Mendota Dr

City

Madison

State

WI

Zip Code

53705

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	5		2	0	9	

Transaction ID: 5335747

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. William P. O'Gara

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	5		2	0	9	

Transaction ID: 5335748

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Bryan E. Taylor

Mailing Address 1966 Hambleton Dr

City

Lorena

State

TX

Zip Code

76655

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	5		2	0	9	

Transaction ID: 5335749

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 90 / 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Robert W. Kidd, III

Mailing Address PO Box 232

City

Wyoming

State

DE

Zip Code

19934

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 5335750

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. Barry M. Rosenberg

Mailing Address 10 Norwood Rd

City

West Hartford

State

CT

Zip Code

06117

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 5335751

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Joseph E. Pezza

Mailing Address 100 Pippin Orchard Rd

City

Cranston

State

RI

Zip Code

02921

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 5335754

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 91 / 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Robert B. Meyer

Mailing Address 110 Widecombe Ct

City

Cary

State

NC

Zip Code

27513

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 5335755

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Stephen J. Belli

Mailing Address 647 Rustic Knoll Dr

City

Kent

State

OH

Zip Code

44240

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 5335756

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. Lamon A. Stewart, Jr.

Mailing Address 24 Chesapeake Landing

City

Annapolis

State

MD

Zip Code

21403

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 5335757

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 92 / 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Tammy L. Meister

Mailing Address 1605 Summit Ave

City

St Paul

State

MN

Zip Code

55105

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 5335758

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Patrick James Sabo

Mailing Address 253 Shore Rd

City

Mount Sinai

State

NY

Zip Code

11766

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 5335759

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Robert J. Brown

Mailing Address 8200 Crossgate Ct N

City

Dublin

State

OH

Zip Code

43017

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 5335760

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 93 / 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Clark L. Jones

Mailing Address P O Box 562

City

CAVE CREEK

State

AZ

Zip Code

85327

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 5335762

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Thomas G. Wilson

Mailing Address 1641 Plum Thicket Ln

City

West Des Moines

State

IA

Zip Code

50266

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 5335764

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Cramer L. Boswell

Mailing Address 19475 Kimberlin Rd

City

Abingdon

State

VA

Zip Code

24210

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 5335767

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 94 / 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Stephen R. Arehart

Mailing Address 145 Nebraska Ave

City

Oak Ridge

State

TN

Zip Code

37830-6001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 5335768

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Robert Kazmierski

Mailing Address 181 Pheasant Fields Ln

City

Moorestown

State

NJ

Zip Code

08057

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 5335769

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Thomas A. Daniels

Mailing Address 11898 Moore Woods Rd

City

Roscoe

State

IL

Zip Code

61073

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 5335770

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 95 / 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Alexander Gerard Cassinelli

Mailing Address 6571 Heritage Club Ln

City

Mason

State

OH

Zip Code

45040-4647

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 5335771

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. John G. Kharouf

Mailing Address 23570 Wilderness Canyon Cir

City

Rapid City

State

SD

Zip Code

57702

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 5335772

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Christopher K. Klein

Mailing Address 3520 Piccadilly

City

Mount Vernon

State

IL

Zip Code

62864-2156

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 5335773

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 96 / 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. William J. McLendon

Mailing Address 61 Old Mountain Rd

City

Powder Springs

State

GA

Zip Code

30073

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 5335774

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. John C. Ford

Mailing Address 221 Winnetka Ave

City

Winnetka

State

IL

Zip Code

60093-4236

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 5335775

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. Russell H. Ford

Mailing Address 1348 Hazeline Lake Dr

City

Colorado Springs

State

CO

Zip Code

80921

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 5335776

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 97 / 251

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. William K. Fravel

Mailing Address 2515 Kissam Ct

City

Orlando

State

FL

Zip Code

32809

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	5	/	2	0	0	9

Transaction ID: 5335777

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. James Pelletier

Mailing Address 4 Island Pond Rd

City

Dracut

State

MA

Zip Code

01826

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	5	/	2	0	0	9

Transaction ID: 5335778

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Eric R. Nease

Mailing Address 2455 E Main St

City

Spartanburg

State

SC

Zip Code

29307

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	5	/	2	0	0	9

Transaction ID: 5335779

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Albert J. Apicella

Mailing Address 27 S Lewisberry Rd

City

Mechanicsburg

State

PA

Zip Code

17055

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 5335780

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Yumi Abei

Mailing Address 909 5th Ave Unit1501

City

Seattle

State

WA

Zip Code

98164-2031

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 5335781

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. Timothy G. Wilson

Mailing Address 11429 Pleasant Valley Rd

City

Smithsburg

State

MD

Zip Code

21783

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 5335782

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. David C. Hamilton, Jr.

Mailing Address 815 36th Ave PI NW

City

Hickory

State

NC

Zip Code

28601

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 5335783

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Kerry W. Kirsch

Mailing Address 928 Winterset Rd

City

Ebensburg

State

PA

Zip Code

15931

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 5335784

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Elizabeth Christopherson

Mailing Address 1622 Amberley Ct

City

East Grand Rapids

State

MI

Zip Code

49506-4166

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 5335785

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 100 / 251

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Richard D. Bloomstein

Mailing Address 9 Penwood Road

City

Livingston

State

NJ

Zip Code

07039-2607

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	5	/	2	0	0	9

Transaction ID: 5335787

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Sidney M. Craft

Mailing Address 5827 Wanakah Dr

City

Houston

State

TX

Zip Code

77069

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	5	/	2	0	0	9

Transaction ID: 5335788

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Kolman P. Apt

Mailing Address 1300 Providence Terr

City

Mc Lean

State

VA

Zip Code

22101

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	5	/	2	0	0	9

Transaction ID: 5335790

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 101 / 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Scott D. Hamilton

Mailing Address 5621 SW Urish Rd

City

Topeka

State

KS

Zip Code

66610

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 5335791

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. Christopher M. Brieden

Mailing Address 700 N Riverside

City

St Clair

State

MI

Zip Code

48079

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 5335792

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Jeri Lynnette Stull

Mailing Address 55 Walden Lane

City

Fort Thomas

State

KY

Zip Code

41075

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 5335793

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 102 / 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Kristin R. Lundquist

Mailing Address 61 Pine St

City

Mahtomedi

State

MN

Zip Code

55115

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 5335794

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Richard E. McClung

Mailing Address RR 2 Box 272B

City

Lewisburg

State

WV

Zip Code

24901

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 5335796

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Kathleen M. Burr

Mailing Address 119 West St

City

Hebron

State

CT

Zip Code

06248

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 5335797

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 103 / 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Gary R. Wolf

Mailing Address 204 S Main St

City

Milan

State

OH

Zip Code

44846-9761

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 5335799

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. DeWayne B. McCamish

Mailing Address 11 Ballard Bluff

City

Signal Mountain

State

TN

Zip Code

37377-2288

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 5335800

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. Steven G. Garrett

Mailing Address 788 Johnston Ct

City

Winchester

State

VA

Zip Code

22601

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 5335801

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 104 / 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Christopher Carlson

Mailing Address 3902 Crescent View Ave

City

Duluth

State

MN

Zip Code

55804

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 5335802

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. J. Scott Malone

Mailing Address 26 Eton Green Cir

City

San Antonio

State

TX

Zip Code

78257

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 5335803

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Erin Kazmierski-Furno

Mailing Address 97 Algonquin Trail

City

Medford Lakes

State

NJ

Zip Code

08055

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 5335804

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 105 / 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Steven S. Sabatino

Mailing Address 15045 N 14th Ave

City

Phoenix

State

AZ

Zip Code

85023

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 5335805

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Lawrence S. Harte

Mailing Address 100 W Mount Pleasant Ave

City

Livingston

State

NJ

Zip Code

07039

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 5335806

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Joseph M. Arvay

Mailing Address 5 Blachley Cir

City

Mendham

State

NJ

Zip Code

07945

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 6 / 2 0 0 9

Transaction ID: 5335817

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 106 / 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Joseph C. Forsman

Mailing Address 3809 96th St

City

Lubbock

State

TX

Zip Code

79423

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 6 / 2 0 0 9

Transaction ID: 5335818

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Dwight D. Baker

Mailing Address 3886 Westminster Pl

City

Idaho Falls

State

ID

Zip Code

83404

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 6 / 2 0 0 9

Transaction ID: 5335819

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Richard B. Lines

Mailing Address 1909 W Relation

City

Safford

State

AZ

Zip Code

85546

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 6 / 2 0 0 9

Transaction ID: 5335820

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 107 / 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Richard L. Sikora

Mailing Address 2102 Oakwood Ave

City

Bloomington

State

IL

Zip Code

61704

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 6 / 2 0 0 9

Transaction ID: 5335821

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. J. Kendall Dillehay

Mailing Address 1040 E 143rd St E

City

Wichita

State

KS

Zip Code

67230

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 6 / 2 0 0 9

Transaction ID: 5335823

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Marshall Fleer

Mailing Address 7 Dorolee Dr

City

East Brunswick

State

NJ

Zip Code

08816

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 6 / 2 0 0 9

Transaction ID: 5335824

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 108 / 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Jack E. King

Mailing Address 460 Rue Marseille

City

Dayton

State

OH

Zip Code

45429

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 6 / 2 0 0 9

Transaction ID: 5335825

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Samuel B. King

Mailing Address 4136 Rondeau Ridge Dr

City

Dayton

State

OH

Zip Code

45429

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 6 / 2 0 0 9

Transaction ID: 5335826

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Frances M. Kray

Mailing Address 69 Countryside Ln

City

Waynesboro

State

VA

Zip Code

22980

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 6 / 2 0 0 9

Transaction ID: 5335827

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 109 / 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Bruce P. McCoy

Mailing Address 80 Waterford Pl

City

Newnan

State

GA

Zip Code

30265

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 6 / 2 0 0 9

Transaction ID: 5335828

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Kevin C. Duffy

Mailing Address 10958 S 93rd East Ave

City

Tulsa

State

OK

Zip Code

74133-2558

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 6 / 2 0 0 9

Transaction ID: 5335830

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Juan F. Rendon

Mailing Address 344 Park Valley Dr

City

Coppell

State

TX

Zip Code

75019

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 6 / 2 0 0 9

Transaction ID: 5335832

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 110 / 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Michael D. Williams

Mailing Address 130 Cedar Woods Trail

City

Canton

State

GA

Zip Code

30014

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 6 / 2 0 0 9

Transaction ID: 5335833

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Stephanie Combs

Mailing Address 920 E 17th Ave

City

Spokane

State

WA

Zip Code

99203

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 6 / 2 0 0 9

Transaction ID: 5335835

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Clayton Scott Fuller

Mailing Address 312 I Street

City

Chula Vista

State

CA

Zip Code

91910

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 6 / 2 0 0 9

Transaction ID: 5335836

Amount of Each Receipt this Period

251.00

SUBTOTAL of Receipts This Page (optional)

751.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 111 / 251

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Anthony Myers Puntillo

Mailing Address 1551 Hogan Ave

City

Chesterton

State

IN

Zip Code

46304

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	6	/	2	0	9	

Transaction ID: 5335838

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Dean P. Leonard

Mailing Address 1612 Bay Oaks Dr

City

Albert Lea

State

MN

Zip Code

56007-4203

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	7	/	2	0	9	

Transaction ID: 5336127

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Albert M. Stush, Jr.

Mailing Address 468 Farm Hollow Ln

City

Mifflinburg

State

PA

Zip Code

17844

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	7	/	2	0	9	

Transaction ID: 5336128

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 112 / 251

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Lee A. Mahlmann

Mailing Address 1611 Fair Oaks Ln

City

Richmond

State

TX

Zip Code

77469

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	7	/	2	0	0	9

Transaction ID: 5336129

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Floyd McGowan Collie

Mailing Address 1712 Craig St

City

Raleigh

State

NC

Zip Code

27608

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	7	/	2	0	0	9

Transaction ID: 5336130

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. M. Gabrielle Thodas

Mailing Address 918 Laurelwood Dr

City

San Mateo

State

CA

Zip Code

94403

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	7	/	2	0	0	9

Transaction ID: 5336131

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 113 / 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Milton L. Matos

Mailing Address F-19 Cleveland St Parkville

City

Guaynabo

State

PR

Zip Code

00966

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 7 / 2 0 0 9

Transaction ID: 5336132

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Debra Fink

Mailing Address 7849 Balson

City

St Louis

State

MO

Zip Code

63130-1709

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 7 / 2 0 0 9

Transaction ID: 5336133

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Robert N. Seebold

Mailing Address 5 Breezy Ct

City

Danville

State

PA

Zip Code

17821-9114

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 7 / 2 0 0 9

Transaction ID: 5336134

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 114 / 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. George Menken

Mailing Address 11 Elaine Dr

City

State

Zip Code

New City

NY

10956-2604

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 7 / 2 0 0 9

Transaction ID: 5336135

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. S. Kendall Dunn

Mailing Address 256 Timberlane Rd

City

State

Zip Code

Pike Road

AL

36064

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 7 / 2 0 0 9

Transaction ID: 5336136

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Leigh Bayer Curtis

Mailing Address 1066 Windmill Dr

City

State

Zip Code

Fort Walton Beach

FL

32547-1457

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 7 / 2 0 0 9

Transaction ID: 5336137

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 115 / 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Melvyn M. Leifert

Mailing Address 14 Rutland Rd

City

Great Neck

State

NY

Zip Code

11020

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 7 / 2 0 0 9

Transaction ID: 5336138

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Clark D. Colville

Mailing Address 136 Paseo Del Rio

City

Sequin

State

TX

Zip Code

78155

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 7 / 2 0 0 9

Transaction ID: 5336139

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Larry C. Smedley

Mailing Address 188 Pheasant Run Rd

City

West Chester

State

PA

Zip Code

19380

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 7 / 2 0 0 9

Transaction ID: 5336140

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 116 / 251

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Daniel C. Mallory

Mailing Address 1703 Meadowbrook Ct

City

Decatur

State

TX

Zip Code

76234

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	7	/	2	0	9	

Transaction ID: 5336141

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Peder A. Gaalaas

Mailing Address 1007 NW 4th Ave

City

Grand Rapids

State

MN

Zip Code

55744

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	7	/	2	0	9	

Transaction ID: 5336143

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Dean M. Bartlett

Mailing Address 177 Hartman Rd

City

Hudson Falls

State

NY

Zip Code

12839

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	7	/	2	0	9	

Transaction ID: 5336144

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 117 / 251

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Erin L. McCutchen

Mailing Address 3101 Childers St

City

Raleigh

State

NC

Zip Code

27612

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	7		2	0	9	

Transaction ID: 5336145

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Andrew B. Brown

Mailing Address 1102 Wyndegate Dr

City

Orange Park

State

FL

Zip Code

32073

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	7		2	0	9	

Transaction ID: 5337498

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Mark P. Feinberg

Mailing Address 185 Sky Top Terr

City

Fairfield

State

CT

Zip Code

06432

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	7		2	0	9	

Transaction ID: 5337499

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 118 / 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Adena M. Goldman

Mailing Address 76 Hallberg Ave

City

Bergenfield

State

NJ

Zip Code

07621-2618

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 7 / 2 0 0 9

Transaction ID: 5337500

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. George M. Georgelis

Mailing Address 1138 N Bristol Dr

City

Lititz

State

PA

Zip Code

17543

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 7 / 2 0 0 9

Transaction ID: 5337501

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. J. Gregory Morris

Mailing Address 4804 Hunters Crossing

City

Valdosta

State

GA

Zip Code

31602

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 7 / 2 0 0 9

Transaction ID: 5337502

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 119 / 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Steven P. Hearne

Mailing Address 5000 Gardner Ln

City State Zip Code
 Suffolk VA 23434

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 7 / 2 0 0 9

Transaction ID: 5337503

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Robert (Tito) Alan Norris

Mailing Address 244 Canada Verde

City State Zip Code
 San Antonio TX 78232

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 7 / 2 0 0 9

Transaction ID: 5337505

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Anthony E. Bisconti

Mailing Address 4006 Via Cassia

City State Zip Code
 Youngstown OH 44514

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 7 / 2 0 0 9

Transaction ID: 5337506

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 120 / 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Henry DiLorenzo

Mailing Address 1201 Swan Harbour Cir

City

Fort Washington

State

MD

Zip Code

20744

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 7 / 2 0 0 9

Transaction ID: 5337508

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Richard A. Hovda

Mailing Address 7020 Hillcrest Dr

City

Wausau

State

WI

Zip Code

54401

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 7 / 2 0 0 9

Transaction ID: 5337509

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Richard P. Fisher

Mailing Address 451 Marnie Ln

City

Peshtigo

State

WI

Zip Code

54157

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 7 / 2 0 0 9

Transaction ID: 5337510

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 121 / 251

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Gregory A. Johnson

Mailing Address 7637 Ballenshire S. Dr

City

Indianapolis

State

IN

Zip Code

46254

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	7		2	0	9	

Transaction ID: 5337511

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Hugh R. Phillis

Mailing Address 10 Poliquin Dr

City

Nashua

State

NH

Zip Code

03062

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	7		2	0	9	

Transaction ID: 5337513

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Louis G. Chmura

Mailing Address 604 Laura Ln

City

Marshall

State

MI

Zip Code

49068

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	7		2	0	9	

Transaction ID: 5337514

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 122 / 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Brent G. Bills

Mailing Address 2241 Sinks Canyon Rd

City

State

Zip Code

Lander

WY

82520-0409

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 7 / 2 0 0 9

Transaction ID: 5337516

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Oliver Lee Willham

Mailing Address 233 S 26th

City

State

Zip Code

West Des Moines

IA

50265

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 7 / 2 0 0 9

Transaction ID: 5337517

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. John L. Schuler

Mailing Address 4017 Tangleoaks Ct

City

State

Zip Code

Peoria

IL

61615

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 7 / 2 0 0 9

Transaction ID: 5337518

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 123 / 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. D. Briar Diggs

Mailing Address 4875 Heaven's Gate

City

Missoula

State

MT

Zip Code

59803

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 7 / 2 0 0 9

Transaction ID: 5337519

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Paul M. Hobday

Mailing Address 4720 Yuma Ln N

City

Plymouth

State

MN

Zip Code

55446

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 7 / 2 0 0 9

Transaction ID: 5337520

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. David C. Gehring

Mailing Address 3805 Green Valley Ln

City

Toddville

State

IA

Zip Code

52341

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 7 / 2 0 0 9

Transaction ID: 5337521

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 124 / 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Akash Pandya

Mailing Address 7726 Terraview Ct

City

Hanover

State

MD

Zip Code

21076

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 7 / 2 0 0 9

Transaction ID: 5337522

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. David Edward Dykhous

Mailing Address

City

Lee's Summit

State

MO

Zip Code

64064

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 7 / 2 0 0 9

Transaction ID: 5337524

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Ross L. Crist

Mailing Address 1204 N Pikes Peak Cir

City

Sioux Falls

State

SD

Zip Code

57103

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 7 / 2 0 0 9

Transaction ID: 5337525

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 125 / 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Rana Barakat

Mailing Address 1314 Millfarm Dr

City

Vienna

State

VA

Zip Code

22182

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 7 / 2 0 0 9

Transaction ID: 5337529

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. Kimberly J. Ward

Mailing Address Route 6 Box 3007

City

Andalusia

State

AL

Zip Code

36420

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 7 / 2 0 0 9

Transaction ID: 5337530

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Walter Thomas Pattison

Mailing Address 12219 S Fox Den Dr

City

Knoxville

State

TN

Zip Code

37934

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 7 / 2 0 0 9

Transaction ID: 5337531

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 126 / 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Shari N. Lisann

Mailing Address 60 Willow Cres

City

Brookline

State

MA

Zip Code

02445

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 7 / 2 0 0 9

Transaction ID: 5337532

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Barton J. Girdwood

Mailing Address 2048 N State Route 123

City

Lebanon

State

OH

Zip Code

45036

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 7 / 2 0 0 9

Transaction ID: 5337533

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Ronald N. Cummings

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 7 / 2 0 0 9

Transaction ID: 5337534

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 127 / 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Bruce K.A. Dormanen

Mailing Address 2377 Cherrywood Rd

City

Hopkins

State

MN

Zip Code

55305

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 1 / 2 0 0 9

Transaction ID: 5343835

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Donald L. Feldman

Mailing Address 10 N Hill Dr

City

Lynnfield

State

MA

Zip Code

01940

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 1 / 2 0 0 9

Transaction ID: 5343836

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Tanya N. Glidden

Mailing Address 5 Cranberry Ln

City

Kennebunk

State

ME

Zip Code

04043

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 1 / 2 0 0 9

Transaction ID: 5343837

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 128 / 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Paul J. Lund

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 1 / 2 0 0 9

Transaction ID: 5343838

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Michael H. Payne

Mailing Address 4410 Chicago Ave

City

State

Zip Code

Fair Oaks

CA

95628

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 1 / 2 0 0 9

Transaction ID: 5343839

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Gina B. Pinamonti

Mailing Address 1108 S College

City

State

Zip Code

Pittsburg

KS

66762

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 1 / 2 0 0 9

Transaction ID: 5343840

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 129 / 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. W. Scott Robinson

Mailing Address 509 Thilly

City

Columbia

State

MO

Zip Code

65203

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 1 / 2 0 0 9

Transaction ID: 5343841

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Robert D. Scott, Jr.

Mailing Address 20 Mine Brook Rd

City

Colts Neck

State

NJ

Zip Code

07722

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 1 / 2 0 0 9

Transaction ID: 5343842

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Bradley D. Smith

Mailing Address 645 Woodvalley Dr

City

Pittsburgh

State

PA

Zip Code

15238

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 1 / 2 0 0 9

Transaction ID: 5343843

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 130 / 251

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. James M. Welden, Jr.

Mailing Address 104 Lancaster Ct

City

Dothan

State

AL

Zip Code

36305

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	1		2	0	9	

Transaction ID: 5343844

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Alfred C. Griffin, Jr.

Mailing Address 8498 Opal Rd

City

Warrenton

State

VA

Zip Code

20186

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	1		2	0	9	

Transaction ID: 5343846

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Sally A. Gupton

Mailing Address 970 Gladastry Ln

City

Lower Gynedd

State

PA

Zip Code

19002

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	1		2	0	9	

Transaction ID: 5343847

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 131 / 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Seth C. Kleinrock

Mailing Address 5 Milbar Heath

City

Hewlett

State

NY

Zip Code

11557

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 1 / 2 0 0 9

Transaction ID: 5343848

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Carlos M. Munoz

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 1 / 2 0 0 9

Transaction ID: 5343849

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Michael A. Prisco

Mailing Address 1019 Washington Ave

City

Pelham

State

NY

Zip Code

10803

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 1 / 2 0 0 9

Transaction ID: 5343850

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 132 / 251

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Deborah Bassham

Mailing Address 20111 Galen Dr

City

Abingdon

State

VA

Zip Code

24211

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	1		2	0	9	

Transaction ID: 5343851

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. William R. Parks

Mailing Address 25 Museum Dr

City

Newport News

State

VA

Zip Code

23601

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	1		2	0	9	

Transaction ID: 5343852

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Shannon Simons

Mailing Address 26 Waverly Pl

City

Metairie

State

LA

Zip Code

70003

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	1		2	0	9	

Transaction ID: 5343854

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 133 / 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Devon R. Cook

Mailing Address 108 Reston Drive

City

Newburgh

State

IN

Zip Code

47630

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 1 / 2 0 0 9

Transaction ID: 5343856

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Cory Blake Edwards

Mailing Address 163 Birch Creek Dr

City

Birmingham

State

AL

Zip Code

35242

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 1 / 2 0 0 9

Transaction ID: 5343857

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Michael J. Erhart

Mailing Address 2523 Fairbanks Ct.

City

Naperville

State

IL

Zip Code

60540

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 1 / 2 0 0 9

Transaction ID: 5343858

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 134 / 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Paul A. DiFranco, Jr.

Mailing Address 213 N Dee Rd

City

Park Ridge

State

IL

Zip Code

60068-5106

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 1 / 2 0 0 9

Transaction ID: 5343860

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. R. Cree Hamilton

Mailing Address 1900 Fox Canyon Cir

City

Las Vegas

State

NV

Zip Code

89117-1947

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 1 / 2 0 0 9

Transaction ID: 5343861

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. David D. Feuer

Mailing Address 757 Harbour Isles Pl

City

North Palm Beach

State

FL

Zip Code

33410

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 5346227

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 135 / 251

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Anthony C. Broccoli, Jr.

Mailing Address 5 Shipman Rd

City

Andover

State

MA

Zip Code

01810

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	4		2	0	0	9

Transaction ID: 5346228

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Thomas James Longos

Mailing Address 52 Birdie Ct

City

Edwardsville

State

IL

Zip Code

62025

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	4		2	0	0	9

Transaction ID: 5346230

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. J. Joseph Hannah

Mailing Address 4910 W 87th Ter

City

Prairie Village

State

KS

Zip Code

66207

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	4		2	0	0	9

Transaction ID: 5346231

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 136 / 251

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Jay M. Oltjen

Mailing Address 14163 Juniper St

City

Leawood

State

KS

Zip Code

66224

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	4		2	0	9	

Transaction ID: 5346232

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Thomas A. Moryl

Mailing Address 150 EMS T36 Lane

City

Leesburg

State

IN

Zip Code

46538-9169

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	4		2	0	9	

Transaction ID: 5346233

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. William Norman Prillaman, II

Mailing Address 1353 Thompson Ln

City

Forest

State

VA

Zip Code

24551-4283

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	4		2	0	9	

Transaction ID: 5346234

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 137 / 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Robert F. Garrison

Mailing Address 231 Palmer Dr

City

Lexington

State

SC

Zip Code

29072-8116

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 5346235

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Carolyn Melita

Mailing Address 17 Milford St #3

City

Boston

State

MA

Zip Code

02118

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 5346236

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Dr. L. Donald Mayer

Mailing Address 500 N Jackson At Guadalupe

City

La Grange

State

TX

Zip Code

78945-2041

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 5346237

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 138 / 251

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Jerry F. Cash

Mailing Address 5138 S Pratt

City

Springfield

State

MO

Zip Code

65804

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	4		2	0	9	

Transaction ID: 5346238

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Benjamin F. Lowe, Jr.

Mailing Address 309 Stonewyck Dr

City

Burlington

State

NC

Zip Code

27215

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	4		2	0	9	

Transaction ID: 5346239

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. John L. Studer

Mailing Address 5805 Doe Run Ln

City

Brenham

State

TX

Zip Code

77833

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	4		2	0	9	

Transaction ID: 5346241

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 139 / 251

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Anthony W. Durall

Mailing Address #9 Hilltop Dr

City

Owensboro

State

KY

Zip Code

42303-2739

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	4		2	0	0	9

Transaction ID: 5346242

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Robert James Bray

Mailing Address 255 36th St S

City

Brigantine

State

NJ

Zip Code

08203

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	4		2	0	0	9

Transaction ID: 5346244

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. Maston R. McCorkle, Jr.

Mailing Address 3215 Allendale St SW

City

Roanoke

State

VA

Zip Code

24014

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	4		2	0	0	9

Transaction ID: 5346245

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 140 / 251

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Kimber DeWitt

Mailing Address 4272 S Meridian

City

Mount Pleasant

State

MI

Zip Code

48858

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	4		2	0	9	

Transaction ID: 5346246

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Hyue Kyung Kwon

Mailing Address 6327 Wilmington Dr

City

Burke

State

VA

Zip Code

22015-4070

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	4		2	0	9	

Transaction ID: 5346247

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Kenneth M. Hrechka

Mailing Address 7201 Ludwood Ct

City

Alexandria

State

VA

Zip Code

22306-2459

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	4		2	0	9	

Transaction ID: 5346248

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 141 / 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. James L. Wetzel, Jr.

Mailing Address 3305 Bella Vista Dr

City

Casper

State

WY

Zip Code

82601-5328

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 5346249

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Charles Randall Macon

Mailing Address 8200 Harps Mill Rd

City

Raleigh

State

NC

Zip Code

27615

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 5346250

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Mark D. Lenz

Mailing Address 3701 Spring Lake Dr

City

Racine

State

WI

Zip Code

53405

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 5346252

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 142 / 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Christopher Keith Smedley

Mailing Address 630 Beaumont Cir

City

West Chester

State

PA

Zip Code

19380-6470

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 5346253

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Richard D. Seaborn

Mailing Address 200 Grogans Landing

City

Atlanta

State

GA

Zip Code

30350

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 5346254

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Kurt D. Spieske

Mailing Address 17229 Buchanan

City

Grand Haven

State

MI

Zip Code

49417

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 5346255

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 143 / 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Stephen E. Searcy

Mailing Address 114 Wembley Rd

City

Lafayette

State

LA

Zip Code

70503-3567

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 5346256

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. David A. Morris

Mailing Address 9244 Sandy Pines Ln

City

Hayes

State

VA

Zip Code

23072

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 7 / 2 0 0 9

Transaction ID: 5350343

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. John Kyle Sparkman

Mailing Address 4609 Spartanburg Dr

City

Amarillo

State

TX

Zip Code

79119-6435

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 7 / 2 0 0 9

Transaction ID: 5350345

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 144 / 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Robert Todd Gililand

Mailing Address 300 Cullen Rd

City

Oxford

State

MS

Zip Code

38655

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 7 / 2 0 0 9

Transaction ID: 5350348

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Mark W. Johnston

Mailing Address 182 Pine Lake Dr

City

Atlanta

State

GA

Zip Code

30327

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 7 / 2 0 0 9

Transaction ID: 5350349

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Thomas G. Rice

Mailing Address 27 Washington St

City

Bath

State

ME

Zip Code

04530

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 7 / 2 0 0 9

Transaction ID: 5350351

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 145 / 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Douglas R. Prince

Mailing Address 805 Shanahan Ct

City

Naperville

State

IL

Zip Code

60540

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 7 / 2 0 0 9

Transaction ID: 5350352

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Richard A. Simms

Mailing Address 29654 Highpoint Road

City

Rancho Palos Verde

State

CA

Zip Code

90275

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 7 / 2 0 0 9

Transaction ID: 5350353

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. David L. Brockman

Mailing Address 6032 Cross Creek Rd

City

Lincoln

State

NE

Zip Code

68516

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 7 / 2 0 0 9

Transaction ID: 5350354

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 146 / 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Michael Parker

Mailing Address 38 Springfield Dr

City

Voorheesville

State

NY

Zip Code

12186

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 7 / 2 0 0 9

Transaction ID: 5350355

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. John J. Brady, Jr.

Mailing Address 22 Providence Rd

City

Hazleton

State

PA

Zip Code

18202

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 7 / 2 0 0 9

Transaction ID: 5350356

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Darrell Keith Spilsbury

Mailing Address 198 Courtney Ann Dr

City

Henderson

State

NV

Zip Code

89074

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 7 / 2 0 0 9

Transaction ID: 5350357

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 147 / 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. S. Russell Mullen

Mailing Address 43093 Candlewick Sq

City

Leesburg

State

VA

Zip Code

20176

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 7 / 2 0 0 9

Transaction ID: 5350358

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Richard E. Graham

Mailing Address 90 Stonewall Cir

City

West Harrison

State

NY

Zip Code

10604

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 7 / 2 0 0 9

Transaction ID: 5350359

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Derick T. Tagawa

Mailing Address 9331 Monte Puesto Dr

City

Whittier

State

CA

Zip Code

90603

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 7 / 2 0 0 9

Transaction ID: 5350360

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 148 / 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Richard L. Fogel

Mailing Address 718 Washington Ave

City

Elyria

State

OH

Zip Code

44035

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 7 / 2 0 0 9

Transaction ID: 5350361

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. David J. Nyczepir

Mailing Address 14330 Kenmont Dr

City

Midlothian

State

VA

Zip Code

23113

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 7 / 2 0 0 9

Transaction ID: 5350362

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Kenneth G. Purvis

Mailing Address RD 2 Box 354A

City

Ligonier

State

PA

Zip Code

15658-9547

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 7 / 2 0 0 9

Transaction ID: 5350363

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 149 / 251

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Gregory K. Inman

Mailing Address 1003 Deerbourne

City

Elizabethtown

State

KY

Zip Code

42701

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	7		2	0	9	

Transaction ID: 5350365

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Gary O. Inman

Mailing Address 338 Briarwood Cir

City

Elizabethtown

State

KY

Zip Code

42701

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	7		2	0	9	

Transaction ID: 5350366

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. Jeffrey B. Leiss

Mailing Address 3372 Conestoga Rd

City

Glenmore

State

PA

Zip Code

19343

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	7		2	0	9	

Transaction ID: 5350367

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 150 / 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Malcolm E. (Mac) Steen

Mailing Address 490 Ridge Blvd

City

Deland

State

FL

Zip Code

32724

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 7 / 2 0 0 9

Transaction ID: 5350368

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Richard D. Grant

Mailing Address 931 Monroe Dr #102 PMB 513

City

Atlanta

State

GA

Zip Code

30308

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 7 / 2 0 0 9

Transaction ID: 5350369

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Michael D. Riordan

Mailing Address 7084 Montgomery Rd

City

Lake Wilie

State

SC

Zip Code

29710

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 7 / 2 0 0 9

Transaction ID: 5350370

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 151 / 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Debra Dobbs

Mailing Address PO Box 807

City

Saint James

State

NY

Zip Code

11780

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 7 / 2 0 0 9

Transaction ID: 5350371

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Louis J. Hardy

Mailing Address 34 Silver Ridge

City

Veazie

State

ME

Zip Code

04401-7080

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 7 / 2 0 0 9

Transaction ID: 5350372

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Samuel G. Smith

Mailing Address 1662 S Lake Crest Way

City

Eagle

State

ID

Zip Code

83616

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 7 / 2 0 0 9

Transaction ID: 5350373

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 152 / 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Gary P. Horvath

Mailing Address 367 Twin Oaks Dr

City

Spartanburg

State

SC

Zip Code

29306

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 7 / 2 0 0 9

Transaction ID: 5350375

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Ross D. Christensen

Mailing Address 1056 Prospect Blvd

City

Waterloo

State

IA

Zip Code

50701

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 7 / 2 0 0 9

Transaction ID: 5350376

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Robert B. Goldman

Mailing Address 27 Birch Ct

City

Ridgefield

State

CT

Zip Code

06877

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 7 / 2 0 0 9

Transaction ID: 5350377

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 153 / 251

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Brett Gluck

Mailing Address 3595 Newport Bay Dr

City

Alpharetta

State

GA

Zip Code

30005

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	7		2	0	9	

Transaction ID: 5350378

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Steven Gajda

Mailing Address 5824 Dorrwood Dr

City

Mentor

State

OH

Zip Code

44060-1962

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	7		2	0	9	

Transaction ID: 5350381

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Stephen Labbe

Mailing Address 68 River Dr

City

Annapolis

State

MD

Zip Code

21403

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	7		2	0	9	

Transaction ID: 5350382

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 154 / 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Raymond J. McMullen, Jr.

Mailing Address 2327 Nottingham Dr

City

Naperville

State

IL

Zip Code

60565

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 7 / 2 0 0 9

Transaction ID: 5350383

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Marvin G. Stephens, Jr.

Mailing Address 5801 Covey Ln

City

Tyler

State

TX

Zip Code

75703

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 7 / 2 0 0 9

Transaction ID: 5350384

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Edward D. Gold

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 7 / 2 0 0 9

Transaction ID: 5350385

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Jeanne M. Gau

Mailing Address 12861 Shannon Pkwy

City

Rosemount

State

MN

Zip Code

55068

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 7 / 2 0 0 9

Transaction ID: 5350386

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Stewart J. Grauer

Mailing Address 9 Kennworth Rd

City

Port Washington

State

NY

Zip Code

11050

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 7 / 2 0 0 9

Transaction ID: 5350387

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Susan M. Korch-Appleby

Mailing Address 810 Darla Rd

City

Mechanicsburg

State

PA

Zip Code

17055

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 7 / 2 0 0 9

Transaction ID: 5350388

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Ray P. Vanderhook

Mailing Address 416 Shepherd Ln

City

Shepherdstown

State

WV

Zip Code

25443

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 7 / 2 0 0 9

Transaction ID: 5350390

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Joe M. Keller

Mailing Address 116 Bunkers Cove Rd

City

Panama City

State

FL

Zip Code

32401

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 7 / 2 0 0 9

Transaction ID: 5350391

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Gerald Schwartz

Mailing Address 6 Yorktown Pl

City

Northport

State

NY

Zip Code

11768

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 7 / 2 0 0 9

Transaction ID: 5350392

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 157 / 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Robert J. Agnetta

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 0 / 2 0 0 9

Transaction ID: 5351324

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Fred A. Booth, Jr.

Mailing Address 112 Parkview Ave

City

State

Zip Code

Fayetteville

NC

28305

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 0 / 2 0 0 9

Transaction ID: 5351325

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Philip J. Corbin

Mailing Address 2605 Lipscomb

City

State

Zip Code

Amarillo

TX

79109

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 0 / 2 0 0 9

Transaction ID: 5351326

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 158 / 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Jon Miler

Mailing Address 667 E Silver Torch St

City

Meridian

State

ID

Zip Code

83646

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 0 / 2 0 0 9

Transaction ID: 5351327

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Steven A. Steer

Mailing Address 1020 E Lake Shore Dr

City

Springfield

State

IL

Zip Code

62707

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 0 / 2 0 0 9

Transaction ID: 5351328

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. James G. Judge

Mailing Address 33 Christmas Tree Ln

City

Marshfield

State

MA

Zip Code

02050-1707

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 0 / 2 0 0 9

Transaction ID: 5351329

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 159 / 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. D. Mark Babcock

Mailing Address 200 Jennings

City

Yorktown

State

VA

Zip Code

23692-3167

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 0 / 2 0 0 9

Transaction ID: 5351330

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Thomas H. Cartledge, III

Mailing Address 417 N Beach St

City

Ormond Beach

State

FL

Zip Code

32174

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 0 / 2 0 0 9

Transaction ID: 5351331

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Stephen E. Hershey

Mailing Address 5350 Stickney Rd

City

Clarkston

State

MI

Zip Code

48348

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 0 / 2 0 0 9

Transaction ID: 5351332

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 160 / 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Robert A. Schoettger

Mailing Address 6721 Hickory Crest Cir

City State Zip Code
 Lincoln NE 68516

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 3 0 / 2 0 0 9

Transaction ID: 5351333

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Paul David Johnson

Mailing Address 1621 South Old Dixie Hwy

City State Zip Code
 Bunnell FL 32110

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 3 0 / 2 0 0 9

Transaction ID: 5351335

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Gene P. King

Mailing Address 2206 Briarhill

City State Zip Code
 Champaign IL 61822-6143

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 3 0 / 2 0 0 9

Transaction ID: 5351336

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 161 / 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Mark David Lively

Mailing Address 3622 SW Mashie Ct

City

Palm City

State

FL

Zip Code

34990

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 0 / 2 0 0 9

Transaction ID: 5351338

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. Holland Maness

Mailing Address 606 Inverness PI

City

Martinez

State

GA

Zip Code

30907-9556

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 0 / 2 0 0 9

Transaction ID: 5351339

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Stephen P. Shepard

Mailing Address 3401 Oakmont Dr

City

Harlingen

State

TX

Zip Code

78550-7312

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 0 / 2 0 0 9

Transaction ID: 5351340

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Dennis C. Hiller

Mailing Address 93 Hiller Rd
PO Box 518

City State Zip Code
Jackson NH 03846-0518

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 31 2009

Transaction ID: 5353440

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Dr. John S. Kacewicz

Mailing Address 225 Narragansett Bay Ave

City State Zip Code
Warwick RI 02889

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 31 2009

Transaction ID: 5353441

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. James B. Donaghey, II

Mailing Address 1600 Oak Forest Ct

City State Zip Code
Mobile AL 36609

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 31 2009

Transaction ID: 5353442

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 163 / 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Anthony V. Maresca

Mailing Address 5 Lantern Ct

City

Stony Brook

State

NY

Zip Code

11790

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 5353443

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Michael J. Graham

Mailing Address 1772 Morning Dr NE

City

Cullman

State

AL

Zip Code

35055-2141

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 5353444

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. William C. Heintz

Mailing Address #4 Fairmount Dr S

City

Alton

State

IL

Zip Code

62002

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 5353445

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 164 / 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. C. William Dabney

Mailing Address 3911 Sulgrave Rd

City

Richmond

State

VA

Zip Code

23221

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 5353446

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Wendell R. Stuntz

Mailing Address 450 Lincoln Ave

City

Council Bluffs

State

IA

Zip Code

51503-5685

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 5353447

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Thomas L. Ahman

Mailing Address 2777 Shagbark Dr

City

Lima

State

OH

Zip Code

45806-1635

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 5353449

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 165 / 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Edwin L. Morris

Mailing Address 7635 Chapman Rd

City

Kingsville

State

MD

Zip Code

21087-1531

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 5353450

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Charles Allen Chance

Mailing Address 9501 Berkley Walkway #216

City

Knoxville

State

TN

Zip Code

37931

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 5353453

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. John M. Sleichter

Mailing Address 2761 Edgeview Rd

City

Muscatine

State

IA

Zip Code

52701

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 5353454

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 166 / 251

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. David R. Sain

Mailing Address 1535 Avon Rd

City

Murfreesboro

State

TN

Zip Code

37129

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	0	9

Transaction ID: 5353455

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. James Brian Indiveri

Mailing Address 13121 Cedar

City

Leawood

State

KS

Zip Code

66209

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	0	9

Transaction ID: 5353456

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. A. G. Burris

Mailing Address 960 Ribaut Rd St2

City

Beaufort

State

SC

Zip Code

29902

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	0	9

Transaction ID: 5353457

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 167 / 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Melvin W. Walters

Mailing Address 5416 Thunder Ridge Cir

City

Rocklin

State

CA

Zip Code

95765-4849

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 5353458

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Michael S. Hipp

Mailing Address 4728 Brookview Dr

City

West Des Moines

State

IA

Zip Code

50265-2996

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 5353460

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Dr. David C. Jones

Mailing Address 975 Stonewall Jackson Tr

City

Martinsville

State

VA

Zip Code

24112

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 5353461

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 168 / 251

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Mark L. Dake

Mailing Address 6860 Private Rd 8900

City

West Plains

State

MO

Zip Code

65775

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	0	9

Transaction ID: 5353462

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Dr. Marco A. Navarro

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	0	9

Transaction ID: 5361357

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Dr. Carlos F. Navarro

Mailing Address 7207 Lakehurst

City

Dallas

State

TX

Zip Code

75230

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	0	9

Transaction ID: 5361358

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 169 / 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Peter C. Wagner

Mailing Address 518 Penning Rd

City

Chehalis

State

WA

Zip Code

98532

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 5361359

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Charles A. Gilmore

Mailing Address 4623 Scenic Dr

City

Yakima

State

WA

Zip Code

98908

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 5361361

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Harold L. Frank

Mailing Address 13208 Jasmine Hill Terr

City

Rockville

State

MD

Zip Code

20850

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 5361363

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 170 / 251

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Ara Curtis Goshgarian

Mailing Address 1046 Cahill Rd

City

Lake Forest

State

IL

Zip Code

60045

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	0	9

Transaction ID: 5361364

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. Corbett K. Stephens

Mailing Address 2933 Shenandoah

City

Tyler

State

TX

Zip Code

75701

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	0	9

Transaction ID: 5361365

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Dudley M. Hodgkins

Mailing Address 8508 Navidad Dr

City

Austin

State

TX

Zip Code

78735

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	0	9

Transaction ID: 5361366

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 171 / 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Herbert M. Hughes

Mailing Address 1209 Burtonwood Ct

City

Alexandria

State

VA

Zip Code

22307

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 5361367

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. William G. Horbaly

Mailing Address 4215 Redwood Ln

City

Earlysville

State

VA

Zip Code

22936

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 5361368

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Jeff L. Rickabaugh

Mailing Address 5001 Marble Arch Road

City

Winston-Salem

State

NC

Zip Code

27104

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 5361370

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 172 / 251

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. David R. Weller

Mailing Address 7012 58th Street Ct W

City

University Place

State

WA

Zip Code

98467

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	9	

Transaction ID: 5361373

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Howard L. Howell

Mailing Address 701 Spottis Woode Ln

City

Clearwater

State

FL

Zip Code

33756

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	9	

Transaction ID: 5361374

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Dale Edward Fehr

Mailing Address 85 Kennelworth Cir

City

Hampton

State

IL

Zip Code

61256

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	9	

Transaction ID: 5361375

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 173 / 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Jon J. Sisulak

Mailing Address 8515 S Deerwood Ln

City

Franklin

State

WI

Zip Code

53132

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 5361376

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Larry Sean Mullins

Mailing Address 200 Trammel Rd

City

Bristol

State

TN

Zip Code

37620-5308

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 5361377

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Michael Teichman

Mailing Address 1566 Silver Trl

City

Napa

State

CA

Zip Code

94558

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 5361380

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 174 / 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Robert N. Pickron

Mailing Address 5265 Chelsen Woods Dr

City

Duluth

State

GA

Zip Code

30097

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 5361381

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Dr. C. Tradd Harter

Mailing Address 1130 Derby Ln

City

Watkinsville

State

GA

Zip Code

30677

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 5361382

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Craig H. Davis

Mailing Address 1500 Oak Springs Ln

City

Santa Rosa

State

CA

Zip Code

95404

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 5361383

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 175 / 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Kimberly Gronberg

Mailing Address 803 Woodhaven Dr

City

Lewisville

State

TX

Zip Code

75077-6405

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 5361384

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Raymond E. Barbre

Mailing Address 3606 Gardenia Dr

City

Arlington

State

TX

Zip Code

76016

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 5361385

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Michael J. Riccio

Mailing Address 4 Fille St

City

Ipswich

State

MA

Zip Code

01938

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 5361386

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 176 / 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Mart Gaynor McClellan

Mailing Address 1133 Edgewood Rd

City

Lake Forest

State

IL

Zip Code

60045

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 5361387

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. James J. Bancroft

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 5361388

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. David C. McReynolds

Mailing Address 925 Ridge Ct

City

Keller

State

TX

Zip Code

76248

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 5361389

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 177 / 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Robert S. Goldie

Mailing Address 8801 Lake Sheen Ct

City

Orlando

State

FL

Zip Code

32836

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 7 / 2 0 0 9

Transaction ID: 5380557

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Heather L. Zablocki

Mailing Address 19293 Skyline

City

Roseville

State

MI

Zip Code

48066

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 7 / 2 0 0 9

Transaction ID: 5380559

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Jim L. Caskey

Mailing Address 1212 Western Hills Dr

City

Sherman

State

TX

Zip Code

75092

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 7 / 2 0 0 9

Transaction ID: 5380560

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 178 / 251

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Bryan D. Jennings

Mailing Address PO Box 29463

City

San Antonio

State

TX

Zip Code

78229

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	7		2	0	0	9

Transaction ID: 5380561

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Karen Marie Leavy

Mailing Address 37 Cornell Ln

City

Hicksville

State

NY

Zip Code

11801

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	7		2	0	0	9

Transaction ID: 5380562

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Mark S. Mappes

Mailing Address 7604 River Fork Dr

City

Nashville

State

TN

Zip Code

37221

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	7		2	0	0	9

Transaction ID: 5380563

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 179 / 251

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Michael H. Moore

Mailing Address 5401 Rockwood Rd

City

El Paso

State

TX

Zip Code

79932

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	7		2	0	0	9

Transaction ID: 5380564

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Gregory Guy Campi

Mailing Address 11 Willow Ct

City

Shrewsbury

State

NJ

Zip Code

07702

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	7		2	0	0	9

Transaction ID: 5380565

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Jeffrey W. Jordan

Mailing Address 1040 Lake Shore Overlook

City

Alpharetta

State

GA

Zip Code

30005

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	7		2	0	0	9

Transaction ID: 5380566

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 180 / 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Holly Wentz Reeves

Mailing Address 4704 86th St

City

Lubbock

State

TX

Zip Code

79424

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 7 / 2 0 0 9

Transaction ID: 5380567

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Stephen P. Henry

Mailing Address 16757 Santanella St

City

San Diego

State

CA

Zip Code

92127-3307

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 7 / 2 0 0 9

Transaction ID: 5380568

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Robert R. Westbrook, Jr.

Mailing Address 317 Tracy Ln

City

Victoria

State

TX

Zip Code

77904-2410

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 0 / 2 0 0 9

Transaction ID: 5380598

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 181 / 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. A. Page Jacobson

Mailing Address 14128 NW 15th Ln

City

Gainesville

State

FL

Zip Code

32606

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 0 / 2 0 0 9

Transaction ID: 5380601

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Robert F. Girgis

Mailing Address 1315 Brittany Ave

City

Naperville

State

IL

Zip Code

60540

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 0 / 2 0 0 9

Transaction ID: 5380603

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. Lisa King

Mailing Address 12110 San Francisco NE

City

Albuquerque

State

NM

Zip Code

87122

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 0 / 2 0 0 9

Transaction ID: 5380605

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 182 / 251

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Alvin J. Tight, II

Mailing Address 2116 NE 45th St

City

Fort Lauderdale

State

FL

Zip Code

33308

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	0		2	0	9	

Transaction ID: 5380606

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Christoph F. Haar

Mailing Address 424 Mariposa Dr

City

Ventura

State

CA

Zip Code

93001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	0		2	0	9	

Transaction ID: 5380607

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Rotho Angelakis

Mailing Address 901 S Northlake Dr

City

Hollywood

State

FL

Zip Code

33019

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	0		2	0	9	

Transaction ID: 5381318

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. James R. Wortham

Mailing Address 1316 Belleaire Cir

City

Orlando

State

FL

Zip Code

32804

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 0 / 2 0 0 9

Transaction ID: 5381319

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Robert Baarsvik

Mailing Address 712 Dana Farms

City

Fairhaven

State

MA

Zip Code

02719

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 0 / 2 0 0 9

Transaction ID: 5381320

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Eric J. Atha

Mailing Address 3230 Atrium Pt

City

Colorado Springs

State

CO

Zip Code

80906

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 0 / 2 0 0 9

Transaction ID: 5381321

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 184 / 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Michael Harley Sebastian

Mailing Address 1035 Angelo Ct

City

Atlanta

State

GA

Zip Code

30319

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 0 / 2 0 0 9

Transaction ID: 5381322

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Jeffrey D. Loveless

Mailing Address 1940 Woodcrest Dr NE

City

Owatonna

State

MN

Zip Code

55060

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 0 / 2 0 0 9

Transaction ID: 5381323

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Nicholas D. Barone

Mailing Address 19 Fair Oaks Dr

City

Lincoln

State

RI

Zip Code

02865

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 0 / 2 0 0 9

Transaction ID: 5381324

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Keith J. Kohrs

Mailing Address 3267 Chandon Way

City

Highlands Ranch

State

CO

Zip Code

80126

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 0 / 2 0 0 9

Transaction ID: 5381325

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Frank J. Stich, III

Mailing Address 524 Wales Ct

City

Coppell

State

TX

Zip Code

75019

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 0 / 2 0 0 9

Transaction ID: 5381326

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Robert T. Caskey

Mailing Address 3420 S Moore Cir

City

Flagstaff

State

AZ

Zip Code

86001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 0 / 2 0 0 9

Transaction ID: 5381327

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 186 / 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Boyd Welton

Mailing Address 12892 S Verona Creek Way

City State Zip Code
 Riverton UT 84065

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 0 / 2 0 0 9

Transaction ID: 5381328

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Terry A. Levitt

Mailing Address 19 Spruce Dr

City State Zip Code
 Holland PA 18966

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 0 / 2 0 0 9

Transaction ID: 5381331

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Craig C. Lewis

Mailing Address 1757 Lee Janzen Dr

City State Zip Code
 Kissimmee FL 34744

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 0 / 2 0 0 9

Transaction ID: 5381332

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
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Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Jeffrey D. Bert

Mailing Address 273 Walkley Hill Rd

City

Haddam

State

CT

Zip Code

06438

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	0		2	0	9	

Transaction ID: 5381333

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Hal C. Stevenson

Mailing Address 21011 James Long Ct

City

Richmond

State

TX

Zip Code

77469

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	0		2	0	9	

Transaction ID: 5381334

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. David L. Crouch

Mailing Address 4923 Monta Vista Dr E

City

Edgewood

State

WA

Zip Code

98372

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	0		2	0	9	

Transaction ID: 5381335

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Douglas S. Harte

Mailing Address 13 Boynton Dr

City

Livingston

State

NJ

Zip Code

07039

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 0 / 2 0 0 9

Transaction ID: 5381336

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Clifford E. Campbell

Mailing Address 2117 Miller Landing Rd

City

Tallahassee

State

FL

Zip Code

32312-9000

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 0 / 2 0 0 9

Transaction ID: 5381337

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Darrel R. Sherman

Mailing Address 1200 Hillcrest

City

Longview

State

TX

Zip Code

75601

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 0 / 2 0 0 9

Transaction ID: 5381338

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Nicholas P. Mellon

Mailing Address 8715 Baneberry Cir NW

City

Clinton

State

OH

Zip Code

44216

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 0 / 2 0 0 9

Transaction ID: 5381339

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. George E. Davis, III

Mailing Address 2636 Mulberry Row Rd

City

Midlothian

State

VA

Zip Code

23113

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 0 / 2 0 0 9

Transaction ID: 5381340

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. David C. Small

Mailing Address 7769 Pinecone Ln

City

Hickory

State

NC

Zip Code

28602

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 0 / 2 0 0 9

Transaction ID: 5381344

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Henry D. Browning, IV

Mailing Address 1117 Princeton Dr

City

Wilmington

State

NC

Zip Code

28403

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 0 / 2 0 0 9

Transaction ID: 5381345

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Danny Terry Smith

Mailing Address 107 Seward St

City

Thomasville

State

GA

Zip Code

31792-5528

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 0 / 2 0 0 9

Transaction ID: 5381346

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. W. Eugene Roberts

Mailing Address 8260 Skipjack Dr

City

Indianapolis

State

IN

Zip Code

46236

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 0 / 2 0 0 9

Transaction ID: 5381347

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 191 / 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. D. Gary Mobley

Mailing Address 500 Verna Ln

City

Denison

State

TX

Zip Code

75020-4130

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 0 / 2 0 0 9

Transaction ID: 5381348

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Scott E. Prose

Mailing Address 3001 Fox Glen Ct

City

Saintt Charles

State

IL

Zip Code

60174-1981

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 0 / 2 0 0 9

Transaction ID: 5381349

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Ronald G. Toothman

Mailing Address PO Box 185

City

Chewsville

State

MD

Zip Code

21783

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 0 / 2 0 0 9

Transaction ID: 5381350

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 192 / 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Michael Messana

Mailing Address 42 Locust Ln

City

East Ruthford

State

NJ

Zip Code

07073

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 0 / 2 0 0 9

Transaction ID: 5381351

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Kelly Miller Giannetti

Mailing Address 1923 Arena Drive

City

Davis

State

CA

Zip Code

95618

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 0 / 2 0 0 9

Transaction ID: 5381352

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Tom H. Shelly

Mailing Address 714 15th Ave N

City

Fort Dodge

State

IA

Zip Code

50501-3958

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 0 / 2 0 0 9

Transaction ID: 5381353

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 193 / 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. James R. Dyer

Mailing Address 910 Harpole Rd

City

Argyle

State

TX

Zip Code

76226

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 0 / 2 0 0 9

Transaction ID: 5381354

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Daniel L. Foley

Mailing Address 163 Dogwood Ct

City

Daniels

State

WV

Zip Code

25832

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 2 / 2 0 0 9

Transaction ID: 5381700

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Ernest J. Goodson

Mailing Address 1801 Lakeshore Dr

City

Fayetteville

State

NC

Zip Code

28303

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 2 / 2 0 0 9

Transaction ID: 5381701

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 194 / 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Douglas M. Brown

Mailing Address 581 Contra Costa Way

City

Claremont

State

CA

Zip Code

91711-2205

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 2 / 2 0 0 9

Transaction ID: 5381702

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Scott W. Ralph

Mailing Address 14101 E Burnett Rd

City

Spokane

State

WA

Zip Code

99217

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 2 / 2 0 0 9

Transaction ID: 5381703

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Carlyn S. Phucas

Mailing Address 59 Bortons Rd

City

Marlton

State

NJ

Zip Code

08053

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 3 / 2 0 0 9

Transaction ID: 5383748

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 195 / 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Edward A. Cronauer

Mailing Address 3010 Sorrel Ct

City

Weston

State

FL

Zip Code

33331

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 3 / 2 0 0 9

Transaction ID: 5383749

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. William R. Hyman

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 3 / 2 0 0 9

Transaction ID: 5383750

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. James E. Lupi

Mailing Address 42 Hermitage Dr

City

Stafford

State

VA

Zip Code

22556

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 3 / 2 0 0 9

Transaction ID: 5383752

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 196 / 251

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Keith B. Dressler

Mailing Address 9 St Ives Way

City

Signal Mountain

State

TN

Zip Code

37377

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	3		2	0	9	

Transaction ID: 5383753

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. John A. Gerling

Mailing Address 616 Avocet

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	3		2	0	9	

Transaction ID: 5383754

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Rand D. Brown

Mailing Address 7861 S Siesta Dr

City

Sandy

State

UT

Zip Code

84093

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	3		2	0	9	

Transaction ID: 5383755

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 197 / 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. J. Courtney Gorman

Mailing Address 2407 Overlook Rd

City

Marion

State

IN

Zip Code

46952

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 3 / 2 0 0 9

Transaction ID: 5383756

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Chad Bulleigh

Mailing Address 21609 W 50th Terr

City

Shawnee

State

KS

Zip Code

66226

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 3 / 2 0 0 9

Transaction ID: 5383757

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Douglas D. Durbin

Mailing Address 1731 Woods Rd

City

Nicholasville

State

KY

Zip Code

40356

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 3 / 2 0 0 9

Transaction ID: 5383758

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 198 / 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. David W. Wardlaw

Mailing Address 6 River Ridge Rd

City

Little Rock

State

AR

Zip Code

72227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 3 / 2 0 0 9

Transaction ID: 5383759

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Kenneth Brehnan

Mailing Address 1886 Centro West

City

Tiburon

State

CA

Zip Code

94920

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 3 / 2 0 0 9

Transaction ID: 5383760

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. K. George Elassal

Mailing Address 12313 Swanhaven

City

Oklahoma City

State

OK

Zip Code

73170

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 3 / 2 0 0 9

Transaction ID: 5383761

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 199 / 251

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Gerald P. Tadej

Mailing Address 2809 Cormier Dr

City

Bakersfield

State

CA

Zip Code

93311

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	3	/	2	0	0	9

Transaction ID: 5383762

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. James J. Awbrey, IV

Mailing Address 1210 Troon Ct

City

Alpharetta

State

GA

Zip Code

30005

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	3	/	2	0	0	9

Transaction ID: 5383763

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Andre Haerian

Mailing Address 519 Oswego

City

Ann Arbor

State

MI

Zip Code

48104

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	3	/	2	0	0	9

Transaction ID: 5383764

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 200 / 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Matthew D. Swatman

Mailing Address 400 E Orangeburg Ave #3

City State Zip Code
 Modesto CA 95350

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 8 / 1 3 / 2 0 0 9

Transaction ID: 5383765

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Bryan P. Horsley

Mailing Address 11238 Calais Circle

City State Zip Code
 Highland UT 84002

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 8 / 1 3 / 2 0 0 9

Transaction ID: 5383766

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Lloyd Noel

Mailing Address 420 SW Riverbend Dr

City State Zip Code
 West Linn OR 97068

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 8 / 1 3 / 2 0 0 9

Transaction ID: 5383767

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 201 / 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Kerry White Brown

Mailing Address 1117 Weston Rd

City

Hopkins

State

SC

Zip Code

29061

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 3 / 2 0 0 9

Transaction ID: 5383768

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Richard L. Bridgham

Mailing Address 6 Lalli Dr

City

Katonah

State

NY

Zip Code

10536

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 3 / 2 0 0 9

Transaction ID: 5383769

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Phillip R. Parker

Mailing Address 4608 Sherburne Rd

City

Norman

State

OK

Zip Code

73072-4233

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 3 / 2 0 0 9

Transaction ID: 5383771

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 202 / 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Jeremy Ray McKinney

Mailing Address 11660 Knollwood Rd

City

Northport

State

AL

Zip Code

35475

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 3 / 2 0 0 9

Transaction ID: 5383772

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Pat DiCiccio

Mailing Address 8045 N Rivers Edge Rd

City

Fresno

State

CA

Zip Code

93711

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 3 / 2 0 0 9

Transaction ID: 5383773

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Rachel M. Glancy

Mailing Address 3222 Sunridge Dr S

City

Salem

State

OR

Zip Code

97302

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 8 / 2 0 0 9

Transaction ID: 5389653

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 203 / 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. James D. Harkins

Mailing Address 218 Windsor Dr

City

Coraopolis

State

PA

Zip Code

15108

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 8 / 2 0 0 9

Transaction ID: 5389654

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. M. John Pautienis

Mailing Address 155 Woodside Dr

City

West Barnstable

State

MA

Zip Code

02668-1740

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 8 / 2 0 0 9

Transaction ID: 5389655

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Thomas J. Weber

Mailing Address 17823 Englewood Cir

City

Omaha

State

NE

Zip Code

68135

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 8 / 2 0 0 9

Transaction ID: 5389657

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 204 / 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. James E. Hatcher

Mailing Address 147 Inwood Tr

City

Madison

State

AL

Zip Code

35758

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 8 / 2 0 0 9

Transaction ID: 5389659

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Sammy A. Caves

Mailing Address 9240 River Rd

City

Fortson

State

GA

Zip Code

31808

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 8 / 2 0 0 9

Transaction ID: 5389660

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. Henry S. Zaytoun, Sr.

Mailing Address 3353 Alleghany Dr

City

Raleigh

State

NC

Zip Code

27609-6903

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 8 / 2 0 0 9

Transaction ID: 5396348

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 205 / 251

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Henry S. Zaytoun, Jr.

Mailing Address 325 Buncombe St

City

Raleigh

State

NC

Zip Code

27609

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	8	/	2	0	0	9

Transaction ID: 5396349

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Mary Paula Zaytoun

Mailing Address 809 Lakestone Dr

City

Raleigh

State

NC

Zip Code

27609

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	8	/	2	0	0	9

Transaction ID: 5396350

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. John Michael Tilghman

Mailing Address 26852 Robert Burns Ln

City

Salisbury

State

MD

Zip Code

21801

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	8	/	2	0	0	9

Transaction ID: 5396351

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 206 / 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Chris H. Henry

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 8 / 2 0 0 9

Transaction ID: 5396352

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. David O. Adame

Mailing Address 2409 El Encino Dr

City

State

Zip Code

Mission

TX

78574

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 8 / 2 0 0 9

Transaction ID: 5396353

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Albert A. Pilvelis, Jr.

Mailing Address 75 Oakland Dr

City

State

Zip Code

Oakdale

CT

06370

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 8 / 2 0 0 9

Transaction ID: 5396355

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 207 / 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Joseph K. Vargo

Mailing Address 25 Forest Meadow Dr SW

City

Rome

State

GA

Zip Code

30165

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 8 / 2 0 0 9

Transaction ID: 5396357

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Alton C. Bishop

Mailing Address 4615 Meandering Way

City

Colleyville

State

TX

Zip Code

76034-4530

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 8 / 2 0 0 9

Transaction ID: 5396358

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Timothy J. Tremont

Mailing Address 3 Concord Dr

City

McKeesport

State

PA

Zip Code

15135-3109

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 8 / 2 0 0 9

Transaction ID: 5396359

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 208 / 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Marlin S. Salmon

Mailing Address 412 Garden Dr

City

Batavia

State

NY

Zip Code

14020-1718

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 8 / 2 0 0 9

Transaction ID: 5396360

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Robert H. Lindsey, Jr.

Mailing Address 7306 W US Hwy 70

City

Plainview

State

TX

Zip Code

79072-0715

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 8 / 2 0 0 9

Transaction ID: 5396361

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Stephen L. Sherman

Mailing Address 422 Highland Crossing

City

Baton Rouge

State

LA

Zip Code

70810

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 8 / 2 0 0 9

Transaction ID: 5396362

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 209 / 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. John H. Warford, Jr.

Mailing Address 3024 Cody Dr

City

Bismarck

State

ND

Zip Code

58503

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 8 / 2 0 0 9

Transaction ID: 5396363

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. John F. Oliver

Mailing Address 2414 Crockett

City

Brownwood

State

TX

Zip Code

76801

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 8 / 2 0 0 9

Transaction ID: 5396364

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Lew B. Sample

Mailing Address 1305 Brindwood Ln SE

City

Decatur

State

AL

Zip Code

35601

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 8 / 2 0 0 9

Transaction ID: 5396365

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 210 / 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Scott Brustein

Mailing Address 4803 Patterson St

City

Bridgewater

State

NJ

Zip Code

08807

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 9 / 2 0 0 9

Transaction ID: 5396371

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Brett A. Johnson

Mailing Address 3225 West Rathgeber

City

Wichita Falls

State

TX

Zip Code

76310

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 9 / 2 0 0 9

Transaction ID: 5396372

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Frank R. Besson, Jr.

Mailing Address 31 Allenby Ln

City

Scotch Plains

State

NJ

Zip Code

07076

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 9 / 2 0 0 9

Transaction ID: 5396373

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 211 / 251

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Catherine Oden Fulton

Mailing Address 215 Brooke Ave #904

City

Norfolk

State

VA

Zip Code

23510

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	9		2	0	0	9

Transaction ID: 5396374

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Roger W. Triftshauser

Mailing Address 63 Ellicott Ave

City

Batavia

State

NY

Zip Code

14020-2028

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	1		2	0	0	9

Transaction ID: 5397166

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Peter F. Bayer

Mailing Address 257 Miracle Strip Pkwy W

City

Mary Esther

State

FL

Zip Code

32569-1923

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	1		2	0	0	9

Transaction ID: 5397167

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 212 / 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Donald J. Neely

Mailing Address 48 Douglas Hill

City

Norwich

State

VT

Zip Code

05055-9647

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 1 / 2 0 0 9

Transaction ID: 5397170

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Peter M. Skoler

Mailing Address 117 Old Farm Rd

City

Milton

State

MA

Zip Code

02186

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 1 / 2 0 0 9

Transaction ID: 5397179

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Colin S. Gibson

Mailing Address 3550 E 100th Ct

City

Thornton

State

CO

Zip Code

80229

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 1 / 2 0 0 9

Transaction ID: 5397180

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 213 / 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Daniel J. Drye

Mailing Address 5419 Paseo Orlando

City

Santa Barbara

State

CA

Zip Code

93111-1130

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 1 / 2 0 0 9

Transaction ID: 5397181

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Roland K. Fulcher

Mailing Address 113 Tea Farm Rd

City

Summerville

State

SC

Zip Code

29483

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 1 / 2 0 0 9

Transaction ID: 5397182

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Eric L. Axelrode

Mailing Address 5167 Saddle Brook Dr

City

Oakland

State

CA

Zip Code

94619

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 1 / 2 0 0 9

Transaction ID: 5397184

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 214 / 251

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Patrick M. Bauer

Mailing Address 946 E Westchester

City

Springfield

State

MO

Zip Code

65810

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	1		2	0	9	

Transaction ID: 5397185

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Mary Anne C. Jenkins

Mailing Address 17800 Jackson Mtn Rd SW

City

Lonaconing

State

MD

Zip Code

21539

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	6		2	0	9	

Transaction ID: 5402582

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Idalia Lastra

Mailing Address 2001 SW 4th Ave

City

Miami

State

FL

Zip Code

33129

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	6		2	0	9	

Transaction ID: 5402583

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 215 / 251

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. J. Mark Felton

Mailing Address 5205 N Linn Ave

City

Oklahoma City

State

OK

Zip Code

73112

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	6	/	2	0	0	9

Transaction ID: 5402584

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Lester H. Kuperman

Mailing Address 3809 Candlelite Ct

City

Fort Worth

State

TX

Zip Code

76109-3224

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	6	/	2	0	0	9

Transaction ID: 5402585

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. A. Wright Pond, Sr.

Mailing Address 1025 Avon Ct

City

Colonial Heights

State

VA

Zip Code

23834-1931

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	0	2	/	2	0	0	9

Transaction ID: 5419778

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 216 / 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Karen Shepherd Rogers

Mailing Address 183 Marshall Bridge Dr

City

Greenville

State

SC

Zip Code

29605

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 2 / 2 0 0 9

Transaction ID: 5419779

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. David B. Clark

Mailing Address 2485 Turf Way

City

Shelbyville

State

IN

Zip Code

46176-8864

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 2 / 2 0 0 9

Transaction ID: 5419780

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Barry F. Rouch

Mailing Address 8208 Scenic Ridge Cove

City

Austin

State

TX

Zip Code

78735

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 2 / 2 0 0 9

Transaction ID: 5419781

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 217 / 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Charles A. Machemehl, III

Mailing Address 430 Old Homestead Trail

City

Duluth

State

GA

Zip Code

30097

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 2 / 2 0 0 9

Transaction ID: 5419893

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Gregory A. Hack

Mailing Address 6 Stonewood Dr

City

Old Lyme

State

CT

Zip Code

06371

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 2 / 2 0 0 9

Transaction ID: 5419894

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Ross J. Drangsholt

Mailing Address 7130 Interlaaken Dr SW

City

Lakewood

State

WA

Zip Code

98499

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 2 / 2 0 0 9

Transaction ID: 5419897

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 218 / 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. John R. Firth

Mailing Address 10420 Starhill Acres Dr

City

St Louis

State

MO

Zip Code

63128

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 2 / 2 0 0 9

Transaction ID: 5419898

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. James Brian Hamby

Mailing Address 134 Wilderness Ln #G

City

Greenville

State

SC

Zip Code

29607

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 2 / 2 0 0 9

Transaction ID: 5419899

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Randolph J. Hayes, Jr.

Mailing Address 33 S Roscoe Blvd

City

Ponte Vedra Beach

State

FL

Zip Code

32082

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 2 / 2 0 0 9

Transaction ID: 5419900

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 219 / 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Gracia B. Cua

Mailing Address 60 Marinita Ave

City

San Rafael

State

CA

Zip Code

94901

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 2 / 2 0 0 9

Transaction ID: 5419902

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. James A. Leithead, Jr.

Mailing Address 3214 Portrush Dr

City

Lake Charles

State

LA

Zip Code

70605-1332

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 2 / 2 0 0 9

Transaction ID: 5419903

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Scott D. Copeland

Mailing Address 132 E Broadway

City

Derry

State

NH

Zip Code

03038

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 2 / 2 0 0 9

Transaction ID: 5419905

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 220 / 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Aron E. Dellinger

Mailing Address 15711 Viberg Rd

City

Leo

State

IN

Zip Code

46765

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 2 / 2 0 0 9

Transaction ID: 5419906

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Myron S. Graff

Mailing Address 18822 Rue Loire

City

Lutz

State

FL

Zip Code

33558

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 2 / 2 0 0 9

Transaction ID: 5419907

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. William L. Kochenour, II

Mailing Address 248 Shore Dr

City

Palm Harbor

State

FL

Zip Code

34683

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 2 / 2 0 0 9

Transaction ID: 5419908

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 221 / 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Robert M. Rosen

Mailing Address 31 Meadowbrook Rd

City

Chatham

State

NJ

Zip Code

07928

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 2 / 2 0 0 9

Transaction ID: 5419909

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Audrey M. Boutros

Mailing Address 4124 Emory St

City

Houston

State

TX

Zip Code

77005

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 2 / 2 0 0 9

Transaction ID: 5419910

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. David L. Meyer

Mailing Address 2933 Spring Oaks Ct

City

Dubuque

State

IA

Zip Code

52001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 2 / 2 0 0 9

Transaction ID: 5419911

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 222 / 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Meredith Lynn Quimby

Mailing Address 9000 Masters Ct

City

Waxhaw

State

NC

Zip Code

28173

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 2 / 2 0 0 9

Transaction ID: 5419912

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. William R. Beam

Mailing Address 1530 W Melrose

City

Chicago

State

IL

Zip Code

60657

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 2 / 2 0 0 9

Transaction ID: 5419913

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Kelly Collins

Mailing Address 2018 Cornoustie Ct

City

Fourt Mill

State

SC

Zip Code

29707-7763

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 2 / 2 0 0 9

Transaction ID: 5419914

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 223 / 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Blake R. Henry

Mailing Address 6644 S Jamestown Pl

City State Zip Code
Tulsa OK 74136

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 2 / 2 0 0 9

Transaction ID: 5419916

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Dennis K. Kinoshita

Mailing Address 7254 Gold Creek Way

City State Zip Code
San Jose CA 95120-4228

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 2 / 2 0 0 9

Transaction ID: 5419917

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Daniel Kelly

Mailing Address 566 Lake Ridge Dr

City State Zip Code
South Elgin IL 60177

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 2 / 2 0 0 9

Transaction ID: 5419919

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 224 / 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Norman G. Jorgensen

Mailing Address 489 South 900 East

City

Orem

State

UT

Zip Code

84057

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 0 9

Transaction ID: 5443344

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Kevin L. Denis

Mailing Address 61 Pine St

City

Mahtomedi

State

MN

Zip Code

55115

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 0 9

Transaction ID: 5443345

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Jeremy Matthew Albert

Mailing Address 2051 Backwater Trl

City

Palm Harbor

State

FL

Zip Code

34685

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 0 9

Transaction ID: 5443346

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 225 / 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Peter S. Wohlgemuth

Mailing Address 4439 Woodfield Blvd

City

Boca Raton

State

FL

Zip Code

33434

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 0 9

Transaction ID: 5443347

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. Anne E. O'Day

Mailing Address 84 Woodcrest Ln

City

Doylestown

State

PA

Zip Code

18901

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 0 9

Transaction ID: 5443348

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. William M. Kelly

Mailing Address 4N224 Ferson Ck Rd

City

St Charles

State

IL

Zip Code

60174-1127

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 0 9

Transaction ID: 5443349

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 226 / 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Eugene L. Dellinger

Mailing Address 1326 Old Lantern Tr

City

Fort Wayne

State

IN

Zip Code

46845-1444

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 0 9

Transaction ID: 5443350

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Lisa Grant

Mailing Address 1809 Redwood Ln

City

Munster

State

IN

Zip Code

46321

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 0 9

Transaction ID: 5443351

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Paul Ladner

Mailing Address Box 37

City

Oneida

State

IL

Zip Code

61467

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 5443803

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 227 / 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Harry I. Bussa, Jr.

Mailing Address 726 Langwood

City

Houston

State

TX

Zip Code

77079-4405

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 5443804

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Duward T. Fulmer

Mailing Address 307 Sagamore Ln

City

Simpsonville

State

SC

Zip Code

29681-9721

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 5443805

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Richard Kulbersh

Mailing Address 1417 Cedar Bend Dr

City

Bloomfield Hills

State

MI

Zip Code

48302-1920

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 5443807

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 228 / 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Michael J. Foy

Mailing Address 5898 Cumbre Vista Way

City

Colorado Springs

State

CO

Zip Code

80924

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 5443951

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. Robert B. Hanover, Jr.

Mailing Address 13713 Three Fathoms Bank

City

Corpus Christi

State

TX

Zip Code

78418

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 5443952

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Jacqueline Bunce

Mailing Address PO Box 5555

City

Bellevue

State

WA

Zip Code

98006

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 5443953

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 229 / 251

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. William D. Neale

Mailing Address 21 Paradise Point Rd

City

Shalimar

State

FL

Zip Code

32579

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	0	9

Transaction ID: 5443954

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Howard A. Fine

Mailing Address 9 Sullivan Rd

City

Goldens Bridge

State

NY

Zip Code

10526

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	0	9

Transaction ID: 5443955

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Todd J. Hughes

Mailing Address 23 Culverdale Pl

City

The Woodlands

State

TX

Zip Code

77382

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	0	9

Transaction ID: 5443956

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 230 / 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Dustin Burleson

Mailing Address 10523 NE Euclid Ave

City

Kansas City

State

MO

Zip Code

64155

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 5443957

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Stephen D. Schasker

Mailing Address 4702 Ferris Ave

City

Madison

State

WI

Zip Code

53716

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 5443958

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Linda A. Crawford

Mailing Address 3931 Stanford Ave

City

University Park

State

TX

Zip Code

75225

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 6 / 2 0 0 9

Transaction ID: 5443961

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 231 / 251

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Bryan J. Hollis

Mailing Address 13427 Piney Pointe

City

Gonzales

State

LA

Zip Code

70737

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	6	/	2	0	0	9

Transaction ID: 5443962

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Robert D. Calcote

Mailing Address 1533 Fairway Dr

City

Charleston

State

SC

Zip Code

29412

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	6	/	2	0	0	9

Transaction ID: 5443963

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Ken Fischer

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	6	/	2	0	0	9

Transaction ID: 5443964

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 232 / 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Ceceilia M. Markham

Mailing Address 2119 Susquehana Rd

City

Abington

State

PA

Zip Code

19001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 6 / 2 0 0 9

Transaction ID: 5443965

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Douglas W. Vayda

Mailing Address 5601 Oaklawn Ave

City

Edina

State

MN

Zip Code

55424

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 6 / 2 0 0 9

Transaction ID: 5443966

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Patricia Vayda

Mailing Address 5601 Oaklawn Ave

City

Edina

State

MN

Zip Code

55424

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 6 / 2 0 0 9

Transaction ID: 5443967

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 233 / 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Kendall S. Woolridge

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 6 / 2 0 0 9

Transaction ID: 5443968

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Michael S. Klein

Mailing Address 12001 W 183rd St

City

State

Zip Code

Bucyrus

KS

66013

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 6 / 2 0 0 9

Transaction ID: 5443969

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Emma M. DiCarlo

Mailing Address 4517 Ihles Rd

City

State

Zip Code

Lake Charles

LA

70605

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: 5467653

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 234 / 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Randall P. Rigsby

Mailing Address 2344 Arriviste Way

City

Pensacola

State

FL

Zip Code

32504

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: 5467655

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Howard L. Hunt

Mailing Address 3345 Antoinette Ct

City

Arcata

State

CA

Zip Code

95524-9322

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: 5467656

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Dr. Kenneth S. Hauser

Mailing Address 119 17th Street

City

Wilmette

State

IL

Zip Code

60091

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: 5477276

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 235 / 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Michelle Neal

Mailing Address 4424 95th Ave NE

City

Bellevue

State

WA

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: 5477277

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Samuel B. Mayfield

Mailing Address 5124 North Dr

City

Moss Point

State

MS

Zip Code

39563

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: 5477278

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Michele Laboda

Mailing Address 13617 Pine Villa Lane

City

Fort Myers

State

FL

Zip Code

33912

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: 5477279

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 236 / 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Joseph Andrew Dugoni

Mailing Address 25808 Lone Fir Lane

City

West Linn

State

OR

Zip Code

97068

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: 5477280

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Michael O. Williams

Mailing Address 58 Shoreline Ln

City

Gulfport

State

MS

Zip Code

39503

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: 5477281

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Mary Kay Becher

Mailing Address 4700 Cap Rock Dr

City

Auston

State

TX

Zip Code

78735-6352

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: 5477282

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 237 / 251

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Michael Gerard Crall

Mailing Address 412 Chateau Ct

City

Cedar Falls

State

IA

Zip Code

50613

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	3	0	/	2	0	0	9

Transaction ID: 5477283

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)

Dr. Hugh R. Phillis

Mailing Address 10 Poliquin Dr

City

Nashua

State

NH

Zip Code

03062

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	1	/	2	0	0	9

Transaction ID: 5482730

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Jennifer Edwards Butler

Mailing Address 1138 Carleita Cir

City

Conway

State

SC

Zip Code

29527

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	1	/	2	0	0	9

Transaction ID: 5482731

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

575.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 238 / 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Joseph Brandon Chadwell

Mailing Address 240 Augustine Dr

City

Spartanburg

State

SC

Zip Code

29306-6927

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 1 / 2 0 0 9

Transaction ID: 5482732

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)

Dr. Frank R. Miller

Mailing Address 619 Sunset Hill

City

Rockwall

State

TX

Zip Code

75087

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 1 / 2 0 0 9

Transaction ID: 5482733

Amount of Each Receipt this Period

62.50

C.

Full Name (Last, First, Middle Initial)

Dr. Charles A. Manilla

Mailing Address 5775 Woodbridge Ln

City

West Chester

State

OH

Zip Code

45069-4516

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 9 / 2 0 0 9

Transaction ID: 5511571

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

437.50

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 239 / 251

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. David G. Haas

Mailing Address 1732 Granger Rd

City

Medina

State

OH

Zip Code

44256

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	0	9

Transaction ID: 5511573

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Jeffrey Thomas Cavanaugh

Mailing Address 1848 Ashton Way

City

Chesterfield

State

MO

Zip Code

63005

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	0	9

Transaction ID: 5511574

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Dr. Jeffrey Thomas Cavanaugh

Mailing Address 1848 Ashton Way

City

Chesterfield

State

MO

Zip Code

63005

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	0	9

Transaction ID: 5511575

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

375.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 240 / 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. John Kevin Holman

Mailing Address 2740 St Andrews Dr

City

Belden

State

MS

Zip Code

38826

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 9 / 2 0 0 9

Transaction ID: 5512657

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Tamara S. Miller

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 9 / 2 0 0 9

Transaction ID: 5512658

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Christian P. Manley

Mailing Address 16813 SE 56th PI

City

Bellevue

State

WA

Zip Code

98006

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 9 / 2 0 0 9

Transaction ID: 5512659

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 241 / 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. David Datwyler

Mailing Address 2840 Royal Park Dr

City

Cameron Park

State

CA

Zip Code

95682

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 8 / 2 0 0 9

Transaction ID: 5518876

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)

Dr. T. Kevin Sullivan

Mailing Address 18 Breckan Rd

City

Brunswick

State

ME

Zip Code

04011

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 8 / 2 0 0 9

Transaction ID: 5518877

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Angela R. Becker

Mailing Address 3619 N County Line Rd W

City

Huntertown

State

IN

Zip Code

46748-9788

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 8 / 2 0 0 9

Transaction ID: 5518878

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

700.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 242 / 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Kathleen J. Nuckles

Mailing Address 202 San Vicente Blvd #7

City

Santa Monica

State

CA

Zip Code

90402-1556

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 4 / 2 0 0 9

Transaction ID: 5529000

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Dr. Bernard I. Barrish

Mailing Address 24 Tammy Hill Trail

City

Randolph

State

NJ

Zip Code

07869-4555

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 4 / 2 0 0 9

Transaction ID: 5529001

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Charles P. Canepa

Mailing Address 16724 Edgewater Dr

City

Lakewood

State

OH

Zip Code

44107

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 4 / 2 0 0 9

Transaction ID: 5544313

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 243 / 251

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Pramod K. Sinha

Mailing Address 8710 E Woodland Park Dr

City

Spokane

State

WA

Zip Code

99217

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	4	/	2	0	0	9

Transaction ID: 5544314

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Alan A. Curtis

Mailing Address 2007 E Malibu

City

Tempe

State

AZ

Zip Code

85282

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	4	/	2	0	0	9

Transaction ID: 5544315

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Deborah J. Lien

Mailing Address 4409 Rossi Ct NW

City

Rochester

State

MN

Zip Code

55901

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	2	/	2	0	0	9

Transaction ID: 5557374

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 244 / 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Ronald W. Jawor

Mailing Address 3612 Catamaran Dr

City

Corona Del Mar

State

CA

Zip Code

92625-1208

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 2 / 2 0 0 9

Transaction ID: 5557375

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Dr. Raj Gohill

Mailing Address 21425 NE 19th Ct

City

North Miami Beach

State

FL

Zip Code

33179

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 2 / 2 0 0 9

Transaction ID: 5561483

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Gilbert H. Snow

Mailing Address 455 Hacienda

City

Palmdale

State

CA

Zip Code

93551

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 8 / 2 0 0 9

Transaction ID: 5562807

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 245 / 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Kenneth A. Shimizu

Mailing Address 13060 Paramount Ct

City

Saratoga

State

CA

Zip Code

95070

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 2 / 2 0 0 9

Transaction ID: 5587098

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Paul J. McKenna

Mailing Address 231 Park Dr

City

Longmeadow

State

MA

Zip Code

01106

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 6 / 2 0 0 9

Transaction ID: 5624903

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Fred J. Alba

Mailing Address 12 Bridgeport Drive

City

Mechanicsburg

State

PA

Zip Code

17050

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 6 / 2 0 0 9

Transaction ID: 5624936

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 246 / 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Charles J. Ruff

Mailing Address 5 Thomas Dr

City

Waterville

State

ME

Zip Code

04901

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 0 9

Transaction ID: 5637215

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

195363.50

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 247 / 251

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) Simpson for Congress Mailing Address 786 Hoff Drive	Transaction ID: 5467252 Date of Disbursement <div> <div>09</div> <div>29</div> <div>2009</div> </div>
City Blackfoot State ID Zip Code 83221 Purpose of Disbursement Candidate Name Michael Simpson Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: ID District: 02	Amount of Each Disbursement this Period <div>500.00</div> <div>011</div> Category/ Type
B. Full Name (Last, First, Middle Initial) Lynn Jenkins For Congress Mailing Address P.O. Box 1441 City Topeka State KS Zip Code 66601 Purpose of Disbursement Candidate Name Rep. Lynn Jenkins Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: KS District: 02	Transaction ID: 5552463 Date of Disbursement <div> <div>11</div> <div>09</div> <div>2009</div> </div> Amount of Each Disbursement this Period <div>5000.00</div> <div>011</div> Category/ Type
C. Full Name (Last, First, Middle Initial) Friends of Doc Hastings Mailing Address PO Box 2926 City Pasco State WA Zip Code 99302 Purpose of Disbursement Candidate Name Doc Hastings Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: WA District: 04	Transaction ID: 5552464 Date of Disbursement <div> <div>11</div> <div>09</div> <div>2009</div> </div> Amount of Each Disbursement this Period <div>5000.00</div> <div>011</div> Category/ Type

SUBTOTAL of Disbursements This Page (optional)

10500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 248 / 251

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) Friends of Roy Blunt	Transaction ID: 5615832 Date of Disbursement																				
Mailing Address PO Box 278	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		1	0		2	0	0	9												
City State Zip Code Strafford MO 65757	Amount of Each Disbursement this Period																				
Purpose of Disbursement	<table border="1"> <tr> <td>5000.00</td> </tr> </table>	5000.00																			
5000.00																					
Candidate Name Roy Blunt	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 07	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Friends of Roy Blunt	Transaction ID: 5615837 Date of Disbursement																				
Mailing Address PO Box 278	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		1	0		2	0	0	9												
City State Zip Code Strafford MO 65757	Amount of Each Disbursement this Period																				
Purpose of Disbursement	<table border="1"> <tr> <td>5000.00</td> </tr> </table>	5000.00																			
5000.00																					
Candidate Name Roy Blunt	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 07	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Paul Gosar For Congress	Transaction ID: 5624944 Date of Disbursement																				
Mailing Address 11039 E Harris Hawk Trail	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		1	5		2	0	0	9												
City State Zip Code Scottsdale AZ 85262	Amount of Each Disbursement this Period																				
Purpose of Disbursement	<table border="1"> <tr> <td>5000.00</td> </tr> </table>	5000.00																			
5000.00																					
Candidate Name Mr. Paul Gosar	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

15000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 249 / 251

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Kevin Mccarthy For Congress

Mailing Address P.O. Box 12667

City
BakersfieldState
CAZip Code
93389

Purpose of Disbursement

Candidate Name
Rep. Kevin McCarthyOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 22

Transaction ID: 5626767

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	1	/	2	0	0	9

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

Friends of Senator Lisa Murkowski

Mailing Address 300 North Lee Street Suite 500

City
AlexandriaState
VAZip Code
22314

Purpose of Disbursement

Candidate Name
Lisa MurkowskiOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: AK District:

Transaction ID: 5626768

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	1	/	2	0	0	9

Amount of Each Disbursement this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

Dave Camp for Congress 2002

Mailing Address 5915 Eastman Avenue Suite 100

City
MidlandState
MIZip Code
48640

Purpose of Disbursement

Candidate Name
Dave CampOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 04

Transaction ID: 5626769

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	1	/	2	0	0	9

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

15000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 250 / 251

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) Pete Sessions for Congress			Transaction ID: 5626770 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 2 1 / 2 0 0 9</div> </div>		
Mailing Address PO Box 140970					
City Dallas	State TX	Zip Code 75214	Amount of Each Disbursement this Period <div>5000.00</div>		
Purpose of Disbursement		<div>011</div> Category/ Type			
Candidate Name Pete Sessions					
Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: TX	District: 32				
B. Full Name (Last, First, Middle Initial) Portman For Senate Committee			Transaction ID: 5626771 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 2 1 / 2 0 0 9</div> </div>		
Mailing Address 8331 Little Harbor Drive					
City Cincinnati	State OH	Zip Code 45244	Amount of Each Disbursement this Period <div>5000.00</div>		
Purpose of Disbursement		<div>011</div> Category/ Type			
Candidate Name Mr. Rob Portman					
Office Sought:	<input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: OH	District:				
C. Full Name (Last, First, Middle Initial) Friends of Doc Hastings			Transaction ID: 5626772 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 2 1 / 2 0 0 9</div> </div>		
Mailing Address PO Box 2926					
City Pasco	State WA	Zip Code 99302	Amount of Each Disbursement this Period <div>-5000.00</div>		
Purpose of Disbursement Void - Friends of Doc Hastings		<div>011</div> Category/ Type			
Candidate Name Doc Hastings					
Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: WA	District: 04				

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 251 / 251

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Friends of Doc Hastings

Mailing Address PO Box 2926

City
Pasco

State
WA

Zip Code
99302

Purpose of Disbursement

Candidate Name
Doc Hastings

Office Sought: ☒ House
☐ Senate
☐ President

State: WA District: 04

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 5626773

Date of Disbursement

MM / DD / YYYY
12 / 21 / 2009

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

50500.00